DOCUMENT RESUME

ED 094 259 CE 001 812

TITLE	Procedural Guides for Administrators of Public Service Employment Projects. The Vermont Experience. Final Report.
INSTITUTION	Vermont State Employment Service, Montpelier. Dept. of Employment Security.
SPONS AGENCY	Manpower Administration (DOL), Washington, D.C. Office of Research and Development.
REPORT NO	DLMA-82-48-70-30-10-FR
PUB DATE	Sep 73
NOTE	143p.; For related documents, see CE 001 805-818
AVAILABLE FROM	National Technical Information Service, Springfield, Virginia 22151 ($3.00)
EDRS PRICE	MF-$0.75 HC-$6.60 PLUS POSTAGE
DESCRIPTORS	*Administrator Guides; *Employment Programs; Employment Services; Low Income Groups; Pilot Projects; Public Service Occupations; Unemployment
IDENTIFIERS	Manpower Research; *Vermont

ABSTRACT

The Procedural Guides for Administrators of Public Service Employment Projects consists of the guidelines developed through actual operations of the Vermont Experimental and Demonstration Manpower Pilot Project during its 3-year experience. The scope of the procedural guides encompasses both the Special Work Project for the unemployed and the Upgrading Project for the working poor. These administrative procedures or guidelines were developed for use by Vermont Experimental and Demonstration Project Manpower Pilot Project (E & D) local office personnel: (1) in dealing with, and developing subcontracts with, employers; (2) in enrolling trainees in project work slots; and (3) in working with other concerned public agencies. Additionally, the procedural guides contains samples of all forms used both for ongoing control of E & D activity as well as end of project documentation. (Author)

ED 094259

BEST COPY AVAILABLE

PROCEDURAL GUIDES FOR ADMINISTRATORS OF PUBLIC SERVICE EMPLOYMENT PROJECTS

Vermont Department of Employment Security

Madelyn Davidson, Commissioner

The Experimental and Demonstration Manpower Pilot Project on the Special Work Project for the Unemployed and Upgrading for the Working Poor

September 1973

U S DEPARTMENT OF HEALTH
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

CE 001 812

PROCEDURAL GUIDES FOR
ADMINISTRATORS OF PUBLIC SERVICE EMPLOYMENT PROJECTS

This report was prepared for the Manpower Administration, U.S. Department of Labor, under research and development contract No. 82-48-70-30. Since contractors conducting research and development projects under Government sponsorship are encouraged to express their own judgement freely, this report does not necessarily represent the official opinion or policy of the Department of Labor. The contractor is solely responsible for the contents of this report.

Contract No. 82-48-70-30 funded the Experimental and Demonstration Manpower Pilot Project on the Special Work Project for the Unemployed and Upgrading for the Working Poor. This Project was conducted by the Vermont Department of Employment Security, Madelyn Davidson, Commissioner. This Procedural Guide was developed by the Experimental and Demonstration Manpower Pilot Project staff during the course of the project.

September, 1973

BIBLIOGRAPHIC DATA SHEET

1. Report No. DLMA 82-48-70-30-10

2.

3. Recipient's Accession No.

4. Title and Subtitle PROCEDURAL GUIDES FOR ADMINISTRATORS OF PUBLIC SERVICE EMPLOYMENT PROJECTS

5. Report Date Sep. 73

6.

7. Author(s) Experimental and Demonstration Manpower Pilot Project staff

8. Performing Organization Rept. No.

9. Performing Organization Name and Address

Vermont Department of Employment Security
Box 488, Green Mountain Drive
Montpelier, Vermont 05602

10. Project/Task/Work Unit No.

11. Contract/Grant No. DL 82-48-70-30

12. Sponsoring Organization Name and Address

U.S. Department of Labor
Manpower Administration
Office of Research and Development
1111 20th St., N.W., Washington, D.C. 20210

13. Type of Report & Period Covered Final: 11/1/70 - 10/31/73

14.

15. Supplementary Notes Prepared as part of the Experimental and Demonstration Manpower Pilot Project conducted by the Vermont Department of Employment Security.

16. Abstracts

The Procedural Guides For Administrators of Public Service Employment Projects consists of the guidelines developed through actual operations of the Vermont Experimental and Demonstration Manpower Pilot Project during its three-year experience. The scope of the Procedural Guides encompasses both the Special Work Project for the unemployed and the Upgrading Project for the working poor.

These administrative procedures or guidelines were developed for use by E&D local office personnel: 1) in dealing with, and developing subcontracts with employers, 2) in enrolling trainees in project work slots, and 3) in working with other concerned public agencies. Additionally, the Procedural Guides contains samples of all forms used both for on-going control of E&D activity as well as end of project documentation.

17. Key Words and Document Analysis. 17a. Descriptors

Human factors engineering
Employment
Orientation (training)
Qualifications

17b. Identifiers/Open-Ended Terms

17c. COSATI Field/Group 5A, 5E, 5I

18. Availability Statement Distribution is unlimited. Available from National Technical Information Service, Springfield, Va. 22151.

19. Security Class (This Report) UNCLASSIFIED

20. Security Class (This Page) UNCLASSIFIED

21. No. of Pages 143

22. Price 3.00

Part P	Preface	
0001-0099	Introduction to the Procedural Guides	9/30/73

Preface

General Table of Contents
Index
Introduction to the Procedural Guides..............0001-0099
    Introduction....................................0001
    Major Components................................0003
    Specific Goals of the Project...................0005
    Project Timetable...............................0007
    Final Trainee Summary; Special Work.............0009
    Final Trainee Summary: Upgrading................0011

Part I

Procedural Guide #1:Special Work Project Subcontractual Agreements......0100-0199
    Introduction....................................0100
    Subcontract: Description and Procedure for Completion....0103
    Subcontracts with Other State Agencies..........0105
    Additional Subcontractual Forms.................0107
    Subcontract Negotiation.........................0109
    Approval and Distribution of Special Work Subcontracts....0111
    Subcontract Amendments..........................0113
    Subcontract Terminations........................0115

Part II

Procedural Guide #2: Marketing Special Work Project........................0200-0299
    Introduction....................................0200
    General Marketing Techniques and Special Work Project....0203
    Initial Contact with Potential Employer.........0205
    A Checklist of Suggested Marketing Techniques for Promoting Special Work Training....0207

Part III

Procedural Guide #3: Enrollee Time Cards and Employer's Monthly Invoices...0300-0399
    Billing Procedure...............................0300

Part IV

Procedural Guide #4: Special Work Eligibility, Orientation, Enrollment and Departure..................0400-0499
    Introduction....................................0400
    Eligibility Determination.......................0403
    Special Work Orientation........................0405
    Trainee Status Form.............................0407

Part V

Procedural Guide #5: Special Work Training Related Expenses and Enrichment Training............0500-0599
    Introduction..0500
    Obtainment of Training Related Funds and Billing Procedure..............................0503
    Obtainment of Enrichment Training and Billing Procedure..............................0505

Part VI

Procedural Guide #6: SWP Client Follow-Up and Follow-Through.................0600-0699
    Introduction..0600
    In-Training Follow-Up for Special Work Enrollees..............................0603
    Post-Training Follow-Through for SWP Clients........0605

Part VII

Procedural Guide #7: Collection and Use of SWP Data..........................0700-0799
    Introduction..0700
    Data Collection.......................................0703
    Practical Utilization of Data.........................0705

- Billing Procedure
  - employer.......III-0300
  - Enrichment Training.......V-0505
  - Special Work Enrollee Time Card and Employer's Monthly Invoice, E&D-666.......III-0300, I-0103
  - Subcontract.......I-0103
  - Training Related Expenses.......V-0503
- Central Office
  - Billing Procedure.......III-0300, I-0100
  - Client eligibility.......IV-0403
  - Client Enrollment and Departure.......IV-0407
  - Data Collection.......VII-0703
  - Enrichment Training.......V-0505
  - Follow-Through.......VI-0605
  - Follow-Up.......VI-0603
  - Subcontract.......I-0100, I-0103
  - Training Related Expenses.......V-0503
- Counselor -- see: Local Office
- Data Collection.......VII-0703
- Data Matrices
  - Primary Special Work Data Matrix.......VI-0603
  - Special Work Follow-Through Data Matrix.......VI-0605
- Data Utilization.......VII-0705
- Eligibility (client).......IV-0400, IV-0403
  - Application Information Record, Form MA-101.......IV-0403
  - MA-101 Supplemental Form: Part C.......IV-0403
- Employer/Subcontractor -- see also: Subcontract.......II-0200, II-0207, III-0300, IV-0407
- Employment Service, Director of.......I-0100, I-0111, I-0113, I-0115, II-0205, V-0503, V-0505
- Enrichment Training.......V-0500, V-0505
  - Definition.......V-0500
  - Request for Approval of Enrichment Training Form.......V-0505
- Enrollment and Departure (client).......IV-0400, IV-0407
  - Trainee Status Form.......IV-0407

Experimental and Demonstration Manpower Pilot Project
- Goals P-0005
- Major Components P-0003
- Purpose P-0001
- Timetable P-0007

File Folder, Client's Individual IV-0403, IV-0407

Finance, Dept. of (Vermont) I-0111, III-0300

Fiscal Section (DES) I-0111, III-0300, IV-0407

Follow-Through, Client VI-0600, VI-0605
- Data Collection VII-0703
- Data Utilization VII-0705
- Post-Training Follow-Through for SWP Clients, Form ES-807 .... VI-0605

Follow-Up, Client VI-0600, VI-0603
- Data Collection VII-0703
- In-Training Follow-Up for Special Work Enrollees, Form ES-805 .... VI-0603

Forms
- Agreement for Conduct and Administration of Work I-0105
- Amendment to Directive for Conduct and Administration of Work Training I-0113
- Amendment to Agreement for Conduct and Administration of Work Training I-0113
- Amendment to Contract for Conduct and Administration of Work Training I-0113
  - Instructions for Completing I-0113
- Application Information Record, Form MA-101 .... IV-0403
- Contract for Conduct and Administration of Work Training I-0103
  - Instructions for Completing I-0103
- Directive for Conduct and Administration of Work Training I-0107
- Directive for Termination Form I-0115
- In-Training Follow-Up for Special Work Enrollees, Form ES-805 .... VI-0603
- MA-101 Supplemental Form: Part C IV-0403
  - Instructions for Completing IV-0403
- Post-Training Follow-Through for SWP Clients, Form ES-807 .... VI-0605
- Proposal for Special Work Project with Vermont Department of Employment Security I-0103
  - Instructions for Completing I-0103

    Proposal for Special Work Project with Vermont
        Department of Employment Security, Form
        (to be used with DES local offices)................I-0107
    Proposal for Special Work Project with Vermont
        Department of Employment Security, Form
        (to be used with other State agencies).............I-0105
    Request for Approval of Enrichment Training............V-0505
    Request for Approval of Training Related Expenses......V-0503
    Special Work Enrollee Time Card and Employer's
        Monthly Invoice, Form E&D-666.....................III-0300
                                                            I-0103
                                                            I-0105
                                                            I-0107
        Instructions for Completing.......................III-0300
    Subcontract Control Record..............................I-0111
        Instructions for Maintaining........................I-0111
    SWP Agreement Termination Amendment Form................I-0115
    SWP Subcontract Termination Amendment Form..............I-0115
        Instructions for Completion.........................I-0115
    SWP Directive for Termination Form......................I-0115
    Trainee Status Form,Form ES-800........................IV-0407
                                                          VII-0703
    Weekly Summary of E&D Project Status..................VII-0705
General Provisions for Cost-Reimbursement Type
    Contracts...I-0103
                                                            I-0105
                                                            I-0107
Labor, Department of Labor
    Contract..I-0100
                                                            I-0103
                                                            I-0105
                                                            I-0107
                                                            I-0111
    Contracting Officer.....................................I-0100
                                                            I-0111
    Data Utilization......................................VII-0705
Legal Counsel (DES)...I-0100
                                                            I-0111
Local Office
    Coach..IV-0405
                                                            V-0503
                                                           VI-0600
                                                           VI-0603
                                                          VII-0703
    Counselor..IV-0400
                                                           IV-0403
                                                           IV-0405
                                                            V-0503
                                                          VII-0703

    Data Collection....................................VII-0703
    Data Utilization...................................VII-0705
    Enrichment Training...................................V-0505
    Enrollment and Departure..........................IV-0407
    Follow-Through....................................VI-0605
    Follow-Up...VI-0603
    Local Office Manager..................................V-0503
                                                          V-0505
                                                          I-0109
                                                          I-0111
                                                         II-0200
                                                         II-0203
                                                         II-0205
                                                        III-0300
                                                         IV-0407
                                                         VI-0600
                                                         VI-0603
    Subcontracts..I-0103
                                                          I-0111
                                                          I-0109
                                                          I-0107
    TRE...V-0503
Local Office Manager -- see: Local Office
Local Unit Staff -- see: Local Office
Manpower Specialist -- see: Local Office
Marketing Special Work Project.......................II-0200
                                                     II-0207
Monographs..VII-0700
Orientation (client).................................IV-0400
                                                     IV-0405
Special Work Project..................................P-0001
    Definition..P-0003
    Final Trainee Summary.............................P-0009
                                                      P-0011
State Agencies, Other.................................I-0105
                                                    VII-0705
Subcontract
    Agreement for Conduct and Administration of
        Work, Form....................................I-0105
    Agreements (with other State agencies)............I-0105
    Amendments..I-0113
    Amendment to Agreement for Conduct and Administration of Work, Form....I-0113
    Amendment to Contract for Conduct and Administration of Work Training, Form....I-0113
    Amendment to Directive for Conduct and Administration of Work, Form....I-0113
        Approval......................................I-0111
        Billing Procedure.............................I-0103

    Contract for Conduct and Administration of Work
        Training, Form...I-0103
    Data Utilization...VII-0705
    Description..I-0103
    Directive for Conduct and Administration of Work
        Training, Form...I-0107
    Directive for Termination..................................I-0115
    Directives (with DES Local Office)....................I-0107
    Distribution...I-0111
    Employer/Subcontractor...................................I-0103
        I-0105
        I-0109
        I-0113
        I-0115
    File..I-0111
    General Provisions for Cost Reimbursement Type
        Contracts, The, Form.......................................I-0111
        I-0105
        I-0107
        I-0103
    Log...I-0103
        I-0111
    Negotiation..I-0109
    Proposal for Special Work Project with Vermont
        Department of Employment Security, Form..........I-0103
        I-0105
        I-0107
        I-0111
        I-0113
    SWP Agreement Termination Amendment Form..........I-0115
    SWP Subcontract Termination Amendment Form.........I-0115
    Terminations..I-0115
Subcontract Control Record.................................I-0111
Subcontract Number...I-0103
    V-0505
Trainee Status File Card..................................VII-0705
Training Related Expenses..................................V-0500
    V-0503
    Billing Procedure..V-0503
    Definition...V-0500
    Request for Approval of Training Related Expenses......V-0503
Upgrading...P-0001
    Definition...P-0003
    Final Trainee Summary.....................................P-0011
Weekly Summary of E&D Project Status..................VII-0705

0001 Introduction. In mid-1970, as a consequence of welfare reform legislation then pending in the United States Congress, the Vermont Department of Employment Security was chosen to test and document experimentation in the manpower training aspects of the proposed legislation. The overall objective of the resulting Experimental and Demonstration (E&D) Manpower Pilot Project was to explore the feasibility and value of alternative approaches and procedures for conducting the Special Work Project (Public Service Employment) for the unemployed and Upgrading training for the working poor. This was to serve as a means of helping to develop guidelines and other knowledge required to facilitate and make more effective national implementation and rapid expansion of manpower projects aimed at enhancing the employability of heads (and other members) of low-income families.

0003 Major Components. Thus, there were two major components within the overall project:

A. "Special Work Project" whereby unemployed persons, by performing work (at public and private nonprofit agencies in the public interest) can develop job skills which enable them to obtain nonsubsidized (private or public) employment;

B. "Upgrading training" whereby low-income employed persons (working poor) can develop new job skills for which they receive increased salary.

0005 Specific Goals of the Project.

A. Develop various designs for operating the two manpower programs.

B. Test operating practices to identify smooth running procedures.

C. Test the feasibility and relative effectiveness of alternative operating procedures.

D. Identify problems and issues central to the establishment and running of these program.

E. Prepare technical materials and other aids for use in the programs.

0005 Specific Goals of the Project -- continued

F. Monitor and evaluate outcomes of activities.

G. Determine requirements for administration, facilities, staff and financing of the programs.

H. Establish guides for determining how these programs might fit into the overall mixture of manpower programs and services at the local level.

I. Develop the necessary guidelines and manuals for effectively replicating the programs elsewhere.

J. Research and document the effect of the program on E&D manpower clients.

K. Produce monographs on salient aspects of project experience, relevant to planning activities at the national level for implementation of welfare reform and/or Public Service Employment programs.

0007 Project Timetable. The project was initiated on July 1, 1970, and terminated on September 30, 1973. (For the Final Trainee Summaries see Sections 0009; 0011.) Operation of the project was divided into the following segments:

A. July 1, 1970, through October 30, 1970: Planning, initiation, and startup;

B. November 1, 1970, through June 30, 1971: Operations limited to Chittenden and Lamoille counties;

C. July 1, 1971, through June 30, 1972: Statewide operations;

D. July 1, 1972, through June 30, 1973: Statewide operations;

E. July 1, 1973, through September 30, 1973: Evaluation, writing, printing and publishing.

0009 Final Trainee Summary.

SPECIAL WORK

As of July 2, 1973	Number	Number	Number	Percentage of Total Enrollees
Total Special Work Enrollments		656		100%
Completed Training		430		65.6%
-Completed, Placed in Employment	307			46.8%
-Completed, Placed in Work Training	26			4.0%
Total Placements			333	50.8%
-Completed, Placed in Education or Skill Training	6			0.9%
-Completed, Awaiting Placement	91			13.9%
Terminated Training		226		34.4%
-Good Cause	99			15.1%
-Without Good Cause	127			19.3%

0011 Final Trainee Summary.

UPGRADING

As of July 2, 1973	Number	Number	Percentage of Total Enrollees
Total Upgrading Enrollments		144	100%
Completed Training		118	81.9%
-Upgraded	114		79.2%
-Not Upgraded	4		2.8%
Terminated Training		26	18.0%
-Good Cause	17		11.8%
-Without Good Cause	9		6.2%

SPECIAL WORK PROJECT SUBCONTRACTUAL AGREEMENTS

SPECIAL WORK PROJECT SUBCONTRACTUAL AGREEMENTS

0100 Introduction. Under contract (#82-48-70-30) with the United States Department of Labor, the Vermont Department of Employment Security (DES) is operating its Experimental and Demonstration (E&D) Manpower Pilot Project on the Special Work Project (SWP). Therefore, the legal agreement entered into by the E&D Project and the employer is the subcontract.

The subcontract sets forth the operational ground rules for all aspects of the Special Work Project. It delineates the type of training involved, trainer's services to be provided, the duration of training, allocation of funding between the Vermont Department of Employment Security and the employer/subcontractor, billing procedure,hours of employment, holiday,sick leave, vacation, overtime provisions, Social Security coverage, Workmen's Compensation, and other specific fringe benefits. Once the subcontract is drawn up, it is reviewed and approved by the employer/subcontractor, the legal counsel to the Department of Employment Security, the State's Assistant Attorney General, the Director of Employment Services and, finally, the Contracting Officer of the U.S. Labor Department.

Circumstances do arise in which the subcontract between Vermont DES and the employer/subcontractor must be amended or terminated. A set procedure has been established and legal forms exist to provide for such cases.

This procedural guide, developed and refined by the E&D Central Office Staff in collaboration with local office personnel, contains all information pertaining to the subcontract, including:

A. A detailed description of and the procedure for the completion of the subcontract;

B. A checklist to be utilized in negotiating and in evaluating the advisability of entering into a subcontract for Special Work training;

C. The procedure for obtaining subcontract approval and distributing copies of the approved subcontract;

D. Reasons for and procedure for amending a subcontract;

SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0100 Introduction -- continued

E. Reasons for and procedure for terminating a subcontract.

0103 Subcontract: Description and Procedure for Completion. The subcontract for Special Work training is the formal agreement between the E&D Project of the Vermont Department of Employment Security and the employer/subcontractor who provides the job training slots. It is composed of the ensuing three basic parts with instructions for their completion following each one.

A. The Contract for Conduct and Administration of Work Training Form. The first two pages which comprise this first part state the basic general terms of the subcontract including the names and addresses of the subcontracting parties, the time period of the subcontract, and the amount of money to be reimbursed to the employer/subcontractor by the Department of Employment Security.

Subcontract No. (1)
IRS-ID Number (2)

CONTRACT FOR CONDUCT AND ADMINISTRATION OF WORK TRAINING

This Contract is entered into this (3) day of (4) 19 (4), between the State of Vermont, Department of Employment Security, Montpelier, Vermont, a Government Agency, hereinafter called the "Contractor" and (5) (name and address of Subcontracting Party) a (6) (Corporation) (Municipality) (etc.) under the laws of the State of (7), hereinafter called the "Subcontractor."

WHEREAS, the Contractor, on the 30th day of June, 1970, received a Contract under the Manpower Development and Training Act of 1962, as amended (MDTA) from the United States Department of Labor, Manpower Administration (hereinafter referred to as the DOL), said Contract being designated as Contract No. 82-48-70-30 ; and

WHEREAS, pursuant to said Contract the Contractor is undertaking certain activities; and

WHEREAS, the Contractor desires to engage the Subcontractor to render certain assistance in such undertaking;

Now therefore the Contractor and the Subcontractor do mutually agree as follows:

ARTICLE 1. SCOPE OF WORK

Subcontractor's accepted Scope of Work outlined in the proposal is attached hereto and a part thereof and shall govern the work of this Contract.

ARTICLE 2. PERIOD OF THE CONTRACT

The Subcontractor shall commence performance under the terms and conditions as mutually established herein on the (8) day of (9) 19(9) and such performance shall be completed no later than (10) day of (11) 19 (11).

ARTICLE 3. CONSIDERATION

In consideration of the foregoing the Contractor agrees to reimburse the Subcontractor allowable costs incurred, in an amount not to exceed (written dollar amount) ($ (12)) for full and complete performance of this agreement in accordance with DOL regulations relating to Allowable Payment and in accordance with the attached proposal.

ARTICLE 4. REPORTING

The Subcontractor shall prepare and submit such reports as may be required from time to time in such format and detail as directed by the Contractor.

ARTICLE 5. PRIME CONTRACT

The Subcontractor hereby agrees upon execution of this agreement that the General Provisions (Attachment B) of the Prime Contract No. 82-48-70-30 between the United States Department of Labor and the State of Vermont, Department of Employment Security are incorporated into and become part of this agreement.

ARTICLE 6. CONTRACT APPROVAL

It is hereby understood and mutually agreed that notwithstanding any other article of this Contract, it shall not become effective until such time as the Department of Labor Contracting Officer has reviewed and approved the execution of this Contract.

STATE OF VERMONT
DEPARTMENT OF EMPLOYMENT
SECURITY

Signature

(13)
Typed Name and Title

Approved as to Form

(Subcontractor) (14)

Attorney General's Office
State of Vermont

Signature

(15)
Typed Name and Title

, Counsel
Department of Employment Security
State of Vermont

SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0103 Subcontract: Description and Procedure for Completion -- continued

B. Instructions for Completing the Contract for Conduct and Administration of Work Training Form. When preparing the Special Work subcontract it is necessary that the Manpower Specialist complete only an original of these two pages, thus only one signature will be necessary by all parties signing the subcontract. After the subcontract is signed by all parties, the Central Office will make six photocopies of these two pages and attach them to copies of the Proposal for Special Work Project section (see subsection C below) so that they may be distributed.

When completing a subcontract it is necessary to be absolutely sure that the name of the subcontractor (employer) is the correct legal title of the organization. In addition, one must be positive that the person signing for the subcontractor is a legal representative of the organization authorized to sign in its behalf.

The Contract for Conduct and Administration of Work Training Form should be completed in the following manner:

1. The subcontract number is assigned by the Central Office clerk when the subcontract is initially received by the Central Office and recorded into the Special Work subcontract log. A subcontract number is composed of three parts:

    a. The first two letters should be "SW", to identify the subcontract as a Special Work subcontract.

    b. Following "SW" should be the office code identifying the local office where the subcontract originated. The office codes are two digits:

        01 = Barre
        03 = Bennington
        05 = Brattleboro
        06 = Burlington
        07 = Middlebury
        08 = Montpelier
        10 = Newport
        11 = Rutland
        12 = St. Albans
        13 = St. Johnsbury
        14 = Springfield
        15 = White River Junction
        16 = Morrisville

SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0103 Subcontract: Description and Procedure for Completion -- continued

c. The last three digits consist of an assigned sequential number of Special Work subcontracts.

Therefore, a subcontract numbered SW05-098 is a Special Work subcontract originating in the Brattleboro local office, and it is the 98th Special Work subcontract to be received by the Central Office.

2. Enter the employer's Internal Revenue Service identification number if it is available.

3. Enter the day the subcontract is being made (current date) .

4. Enter the month and year the subcontract is being made.

5. Enter the full legal title and address of the subcontracting organization.

6. Enter the type of organization and, if unclear, identify the type as public or private, nonprofit.

7. Enter the name of the state in which the organization is registered.

8. Enter the actual date performance is expected to begin under this subcontract. This date should be at least ten working days subsequent to the date subcontract proposal is submitted to Central Office so as to allow sufficient time for review and approval.

9. Enter the month and year performance is expected to begin.

10. Enter the actual date performance is expected to end under this subcontract (no subcontract may run later than the end of the current fiscal year).

SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0103 Subcontract: Description and Procedure for Completion -- continued

11. Enter the month and year performance is expected to end.

12. Enter the dollar amount DES agrees to reimburse the employer. This figure is obtained from Item 26 in the Proposal Section of the subcontract. For a facsimile of the Proposal for Special Work Project with Vermont Department of Employment Security Form, see Subsection C below.

13. Enter the name and title of the Employment Service Director.

14. Enter the complete name of the subcontracting organization.

15. Enter the name and title of the person authorized to sign for the subcontracting organization.

C. The Proposal for Special Work Project with Vermont Department of Employment Security Form. This second part comprises the next six pages of the subcontract. It explicitly details all aspects of the program, including training, funding, billing, working conditions, and fringe benefits. In accordance with Section V of the Proposal for Special Work Project with Vermont Department of Employment Security Form, a sample of the Special Work Enrollee Time Card and Employer's Monthly Invoice, Form E&D-666, should be attached to this part of the subcontract.

Standard Industrial Classification (1)

PROPOSAL FOR SPECIAL WORK PROJECT
WITH VERMONT DEPARTMENT OF EMPLOYMENT SECURITY
(Experimental and Demonstration Project)

submitted by

(2)
(name of employer/subcontractor)

(3)
(date)

(4)
(name & address of employer/subcontractor)

proposes to conduct a Special Work Training Program to be carried out at (5) (location) beginning on or about (6) and ending (7).

The training will be carried out in accordance with the attached Training Plan under the general supervision of (8)
(company employee responsible for supervision of trainees)

I. TRAINING PLAN

Employer/subcontractor proposes to provide Special Work training for (9) employees in accordance with the plan below:

Employer/subcontractor proposes to provide the above Special Work Training for a total cost of $ (10) in accordance with this proposal.

II. ELIGIBILITY

The final responsibility for determining Eligibility for Special Work training will be made by the Vermont Department of Employment Security.

III. NARRATIVE DESCRIPTION OF THE SCOPE OF WORK OF THIS PROPOSAL

(A narrative description of what will be done, who will be served, what equipment and materials will be used, what services will be provided to trainees, and any other information necessary to describe what will be included in the Special Work program. This section should also contain a statement by the employer which explains in detail the potential for permanent non-subsidized retention of the trainee(s) subsequent to the Special Work training provided for by this subcontract; such statement will be considered when deciding whether to approve or disapprove this subcontract proposal.)

(11)

IV. STAFF

(A specific description of how the employer/subcontractor staff will be used to implement the program, and a specific description of how Vermont Department of Employment Security staff will be used to implement the program.)

(12)

V. REPORTING

Form "E&D-666" will be completed by the employer/subcontractor monthly. (See Attached Sample).

At the discretion of the subcontracting employer, Special Work trainees may be released from work for supportive social and/or health service treatments not to exceed 10 hours in any working week. In order for trainees to receive pay during such absences from their regular training jobs, full documentation must accompany "Special Work Enrollee Time Card And Employer's Monthly Invoice." (Form E&D-666)

VI. BILLING

Payment to employer/subcontractor will be made on a cost reimbursement basis with billing to be submitted to Vermont Department of Employment Security every 30 days.

VII. SPECIAL WORK PROJECT TRAINING PLAN

(13)
Date

Contract No. (14)
Project NO. (15)

Contractor:

Vermont Department of Employment Security
Box 488
Montpelier, Vermont 05602

Subcontractor: (16)
(Offerer)

Telephone (17)

---

1. Project Schedule:

(a) Length of Project: Total Hours (18) Hours per Week (19)
Number of Weeks in Period of Enrollment (20)
Start Date (21) End Date (22)

(b) Number to be Enrolled (23)

(c) Weekly Schedule (24)

---

2. Wage Information:

	Percent	Dollars
Employer's Portion of Gross Costs	(25)	(25)
Cost Reimbursement to Employer	(26)	(26)
Total Estimated Costs (27A)	(27)	(27)

Wages will be paid to trainee(s) on a (28) basis, and wage reimbursements to the employer/subcontractor will be made on a monthly basis.

---

3. Overall Project Summary

DOT Job Title and Code	No. of Enrollees	Enrollee		No. of Wks.	Total Wks. Per Enrollee	Wkly WagePer Enrollee	Total Wage Payments Enrollees	Empl'r Wage Reimbursement
		Work Week Hrs.	Wage Per Hrs.					
(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36) (37) (37A)	(38)

VIII. RESPONSIBILITY FOR ADMINISTRATION OF SUBCONTRACTS

The employer/subcontractor designates (39), telephone no. (40) (or such other individual as it may name in writing with notice to the Contractor) as the individual in charge of the administration of its promises, duties, and obligations under this contract.

The Contractor designates (41) telephone no. (42) (or any other individual as it may name in writing with notice of employer/subcontractor) as its representative.

IX. CONDITIONS OF THIS SUBCONTRACT

The employer/subcontractor will maintain appropriate standards for the health, safety, and other conditions applicable to the work to be performed and will provide Workmen's Compensation protection for all trainees, or accident and liability insurance coverage to an extent equal to such protection.

A. The employer/subcontractor agrees that these jobs will serve a useful purpose and will not result in the displacement of any employed workers.

B. The employer/subcontractor agrees to employ E&D enrollees under the following conditions:

1. Enrollees will be paid their regular hourly rate for each hour worked up to and including 40 hours per week providing each working day does not exceed 8 hours. For hours in excess of 8 per working day or in excess of 40 per work week trainees must be paid time and a half as specified on page 22 of the General Provisions, Section A. "Contract Work Hours Standards Act-Overtime Compensation."

Subcontracting employers are solely responsible for the payment of overtime wages to trainees unless specified otherwise in the subcontract training plan.

Trainee will be guaranteed at least 30 hours work per week.

2. Enrollees will be paid a minimum of one dollar and sixty ($1.60) per hour for all hours worked up to forty (40) hours per week and in the same manner and frequency as regular hourly employees. Enrollees will be entitled to regular wage increases in accordance with company policy.

3. All wages are subject to income, social security, and all other applicable taxes. The employer/subcontractor will submit payroll information monthly within three (3) working days each month from the original starting date of the contract (See sample for E&D-666 attached hereto.)

4. The employer/subcontractor will provide adequate supervision not to exceed a ratio of less than one (1) supervisor to ten (10) enrollees.

5. The employer/subcontractor will maintain adequate standards for health, safety, and other conditions applicable to the performance of work.

6. The employer/subcontractor will maintain enrollee time card reports on forms supplied by D.E.S. and submit them to D.E.S. monthly (Form "E&D-666").

7. Authorized representatives of the D.E.S. staff will maintain liaison with the Sponsor or his representative and enrollees to provide supportive services as required.

8. The employer/subcontractor will allow authorized representatives of the E&D staff to review the activity periodically to determine the progress being made by the enrollee.

9. Whenever possible, E&D will notify the employer/subcontractor two (2) weeks before terminating an enrollee's employment. Employment in the Special Work project will be terminated whenever such action serves the needs of the enrollee. The employer/subcontractor will notify E&D before terminating an enrollee's employment giving E&D the opportunity to try to resolve the problems.

10. The following conditions govern policy with respect to sick leave, holidays, and vacation periods: All accrued sick leave, vacation leave or holidays must be used by an enrollee within the inclusive dates of this subcontract in order to be reimbursable by the Department of Employment Security. Particular conditions for sick leave, holidays, and vacation periods which apply to this subcontract are: ____________ to be completed

______________________ (43) ______________________

____

____

11. FICA (Social Security) is provided and paid for by ________

______________________ (44) ______________________

____

12. Workmen's Compensation is provided through ______________

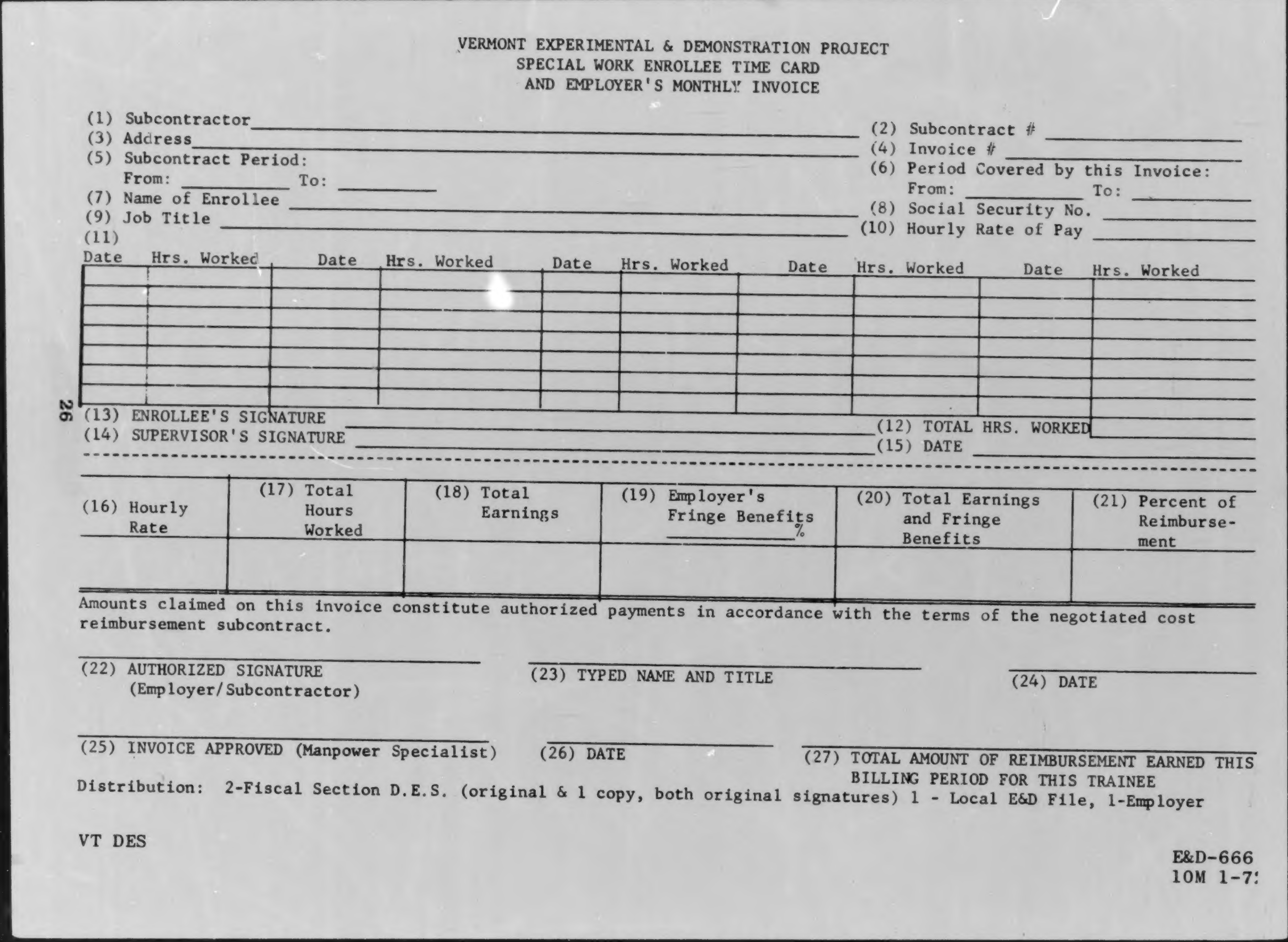
______________________ (45) ______________________

____

13. Describe in detail any other conditions of trainee employment, fringe benefits offered and payment thereof ______________

______________________ (46) ______________________

____



VERMONT EXPERIMENTAL & DEMONSTRATION PROJECT
SPECIAL WORK ENROLLEE TIME CARD
AND EMPLOYER'S MONTHLY INVOICE

(1) Subcontractor ______________________ (2) Subcontract # __________
(3) Address ______________________ (4) Invoice # __________
(5) Subcontract Period: (6) Period Covered by this Invoice:
From: __________ To: __________ From: __________ To: __________
(7) Name of Enrollee ______________________ (8) Social Security No. __________
(9) Job Title ______________________ (10) Hourly Rate of Pay __________
(11)

Date	Hrs. Worked	Date	Hrs. Worked	Date	Hrs. Worked	Date	Hrs. Worked	Date	Hrs. Worked

(13) ENROLLEE'S SIGNATURE ______________________ (12) TOTAL HRS. WORKED __________
(14) SUPERVISOR'S SIGNATURE ______________________ (15) DATE __________

(16) Hourly Rate	(17) Total Hours Worked	(18) Total Earnings	(19) Employer's Fringe Benefits ______ %	(20) Total Earnings and Fringe Benefits	(21) Percent of Reimbursement

Amounts claimed on this invoice constitute authorized payments in accordance with the terms of the negotiated cost reimbursement subcontract.

(22) AUTHORIZED SIGNATURE (Employer/Subcontractor)
(23) TYPED NAME AND TITLE
(24) DATE

(25) INVOICE APPROVED (Manpower Specialist)
(26) DATE
(27) TOTAL AMOUNT OF REIMBURSEMENT EARNED THIS BILLING PERIOD FOR THIS TRAINEE

Distribution: 2-Fiscal Section D.E.S. (original & 1 copy, both original signatures) 1 - Local E&D File, 1-Employer

VT DES

E&D-666
10M 1-7

SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0103 Subcontract: Description and Procedure for Completion -- continued

D. Instructions for Completing the Proposal for Special Work Project with Vermont Department of Employment Security Form. Since there is no need for signatures in the Proposal Section, copies of this section should be made before it is received by the Central Office. When completing these six pages, the Manpower Specialist should therefore type one original with six carbon copies, and all seven copies should be sent to the Central Office.

To complete the Proposal Section of the Special Work subcontract the following guide should be used:

1. Enter the employer's (subcontractor's) S.I.C. code from the Standard Industrial Code Handbook.
2. Enter the full legal title of the subcontracting organization, all in capital letters.
3. Enter date proposal is being made (current date).
4. Enter name and address of employer/subcontractor.
5. Enter the location of actual Special Work performance.
6. Enter the date the actual Special Work performance is to begin. (Be certain that sufficient lead time is allowed for approval of the subcontract.)
7. Enter the date the actual Special Work performance is to end. (This date should be within the current fiscal year.)
8. Enter the name of the person the subcontractor designates as supervisor of the trainee.
9. Enter the number of trainees to be enrolled in the subcontract.
10. Enter the total cost of the subcontract. This dollar amount is obtained from the Total Estimated Gross

SPECIAL WORK PROJECT SUBCONTRACTUAL AGREEMENTS

0103 Subcontract: Description and Procedure for Completion -- continued

Cost shown in the Special Work Training Plan (Item 27 of this Proposal Section).

11. The narrative section should outline a description of the job for which training is being provided. This description can be obtained from the Dictionary of Occupational Titles. It should also describe the type of training, services to be provided by the employer. and any other information pertinent to the Special Work training program. It is important that this section contain some commitment on the part of the employer that he will permanently retain the client after the training period, if all goes well.

12. The staff section should outline the responsibilities of the subcontractor's staff. An example would be as follows: ______(Name)______, ______(Title)______ will be the immediate supervisor of the enrollee and will assume the duty of training the enrollee as a ____(Job Title)______ and in the use of equipment. From time to time, the enrollee will be assigned special tasks and will be instructed and closely supervised in work procedures. ___(Name)___ will advise the E&D Staff in assisting the enrollee to become acclimated to the work situation. E&D staff will maintain close contact with the enrollee to insure adequate adjustment to the work situation and to assist the enrollee with non-job related problems.

    In addition, a statement should be made in this section to give the employing organization the responsibility of notifying the E&D team whenever any unusual situation involving a trainee arises. If a trainee does not report for work or is consistently late it should be brought to the attention of the E&D team.

13. Enter the current date.

SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0103 Subcontract: Description and Procedure for Completion -- continued

14. Enter the Prime Contract number 82-48-70-30 (see Subsection E below).

15. The project number is the subcontract number assigned by the Central Office (see Section 0103 B)

16. Enter the legal name and address of the subcontracting organization.

17. Enter the telephone number of the subcontracting organization.

18. Enter the total number of hours of this subcontract. This would be the number of enrollees on this subcontract times the number of weeks, times the number of hours per week.

19. Enter the total number of hours per week of this subcontract. This would be the number of hours per week times the number of enrollees.

20. Enter the number of weeks between the starting date of the program and the ending date of the program.

21. Enter the starting date of the actual Special Work program. A trainee should not start training prior to the beginning date of the contract. The subcontract is not binding until it is signed by the Director of Employment Services. If a person is placed in training before the subcontract has been approved or signed then it is the employer's obligation to pay the trainee. Once the subcontract is approved, reimbursement will be made from the day the enrollee starts subsequent to the starting date of the subcontract; however, if the subcontract is never approved, no reimbursement will be made to the employer.

22. Enter the ending date of the Special Work program.

23. Enter the number of training positions in the subcontract.

SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0103 Subcontract: Description and Procedure for Completion -- continued

24. Enter the weekly work schedule of the subcontract. This must be very specific. If there is any discrepancy between the weekly schedule denoted in the subcontract and the time billed for on a monthly invoice then the State Finance Office will not approve the billing. It is imperative that whatever time is being billed for is spelled out in the subcontract. Example: Monday through Friday, 8:00 a.m. to 4:30 p.m., with one-half hour lunch period.

25. Enter the employer's portion of gross cost percentage and dollar amount. An explanation of how to arrive at these figures is in the instructions for Item 27.

26. Enter the amount to be reimbursed to the employer/subcontractor by the Department of Employment Security in both dollar and percent figures. An explanation of how to arrive at these figures is in the instructions for Item 27.

27. Enter the Total Estimated Gross Cost of the subcontract in both percentage and dollar amount. NOTE: Items 25, 26 and 27 pertain to the total costs of the subcontract, that is, wages, fringe benefits and, if necessary, traveling expenses. To figure the costs of a subcontract take the weekly wage times the number of weeks plus any traveling expenses or fringe benefits, i.e., F.I.C.A. (5.2% of the wages). The percentage of wage reimbursement to the employer would be multiplied by the total cost to arrive at the dollar amount of reimbursement; the remainder would be the employer's portion of the cost. This agency will consider the reimbursement of fringe benefits to an employer/subcontractor only to the extent that regular employees receive such fringe benefits and only if the trainee actually receives the benefits for which we agree to reimburse. If fringe benefits are included in Item 27, then number 13 (Item 46) on the last page of the

SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0103 Subcontract: Description and Procedure for Completion -- continued

Proposal Section must state in detail exactly what fringe benefits the trainee will be eligible for.

27a. If traveling expenses have been included in Gross Costs, insert the estimated amount and identify it as "traveling expenses".

28. Enter the pay period of the employer.

29. The subcontract may cover more than one type of job. In this space enter the job title and D.O.T. code for each job classification. Then complete Items 30 through 38 to describe the treatment of each job title. Therefore, Items 29 through 38 will be entered as many times as there are job titles.

30. Enter the number of enrollees for the specific job classification.

31. Enter the hours per week for one enrollee in the specific job classification.

32. Enter the wage per hour for one enrollee in the specific job classification.

33. Enter the total number of weeks in the specific job classification. This would be the number of weeks times the number of enrollees.

34. Enter the total number of weeks for one enrollee in the specific job classification.

35. Enter the weekly wage for one enrollee in the specific job classification.

36. Enter the total wages for all enrollees in the specific job classification.

37. Enter the total amount of fringe benefits for all enrollees in the specific job classification.

SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0103 Subcontract: Description and Procedure for Completion -- continued

37a. Add Item 36 to Item 37.

38. Enter the total amount the Department of Employment Security will reimburse the employer/subcontractor for the specific job classification. This figure is arrived at by multiplying the total wage payments (Item 37a) by the percent of cost reimbursement (Item 26).

39. Enter the name of the individual designated by the employer/subcontractor to be in charge of the administration of the subcontract.

40. Enter the telephone number of the administrator for the employer/subcontractor.

41. Enter the name of the individual designated by the Department of Employment Security as its representative. (This is usually the Manpower Specialist completing the subcontract.)

42. Enter the telephone number of the person designated as DES's representative.

43. If there are any paid holidays, sick leave or annual leave to be provided by the employing organization, it must be spelled out in this area. If sick leave or annual leave are to be accumulated over the term of the subcontract, then a statement must appear as follows: "If earned days of sick leave or annual leave accumulated over the term of this subcontract. are taken, they must be taken prior to the termination date of the subcontract.

44. Enter the name of the organization providing the F.I.C.A. benefits.

45. Enter the name of the insurance carrier providing Workman's Compensation coverage to the employer.

46. Enter any other benefits such as health and accident insurance or life insurance provided by the employer.

SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0103 Subcontract: Description and Procedure for Completion -- continued

E. The General Provisions for Cost-Reimbursement Type Contracts Form. The third part is a section of the prime contract between the Vermont Department of Employment Security and the United States Department of Labor. It should be attached to the aforementioned parts of the subcontract since these General Provisions are incorporated into and become part of the subcontract between DES and the employer. Copies of this contract 0-357-880 published in July 1969, are available from the U.S. Government Printing Office, Washington, D.C.

0105 Subcontracts with other State Agencies. Many of the employer/subcontractors who are involved with the E&D Special Work Project are other State agencies, as well as some of the Department of Employment Security local offices. Technically, the Department of Employment Security cannot enter into a subcontract with either another State agency or itself. Special forms are provided in such cases. These basically follow the same format as the subcontract which is used with only non-State employers, and they are filled out in the same manner. For facsimile of the Contract for Conduct and Administration of Work Training Form and the Proposal for Special Work Project with Vermont Department of Employment Security Form see Section 0103 A and C. They differ only in that certain legal terminology is changed and unnecessary items are deleted. The forms to be used with all State agency employer/subcontractors (except DES) are:

A. Agreement for Conduct and Administration of Work Training Form. This is printed on green paper to differentiate it from other subcontractual forms.

Agreement No. ____________________
IRS-ID Number ____________________

AGREEMENT FOR CONDUCT AND ADMINISTRATION OF WORK TRAINING

This Agreement is entered into this ____________ day of ______________ 19 ___, between the State of Vermont, Department of Employment Security, Montpelier, Vermont, hereinafter called the "Contractor" and ______________________________________
(name and address)
______________________________, hereinafter called the "Agency."

WHEREAS, the Contractor, on the 30th day of June, 1970, received a Contract under the Manpower Development and Training Act of 1962, as amended (MDTA) from the United States Department of Labor, Manpower Administration (hereinafter referred to as the DOL), said Contract being designated as Contract No. 82-48-70-30; and

WHEREAS, pursuant to said Contract the Contractor is undertaking certain activities; and

WHEREAS, the Contractor desires to engage the Agency to render certain assistance in such undertaking;

Now therefore the Contractor and the Agency do mutually agree as follows:

ARTICLE 1. SCOPE OF WORK

Agency's accepted Scope of Work outlined in the proposal is attached hereto and a part thereof and shall govern the work of this agreement.

ARTICLE 2. PERIOD OF THE AGREEMENT

The Agency shall commence performance under the terms and conditions as mutually established herein on the _________ day of _____________ 19 ___ and such performance shall be completed no later than ___________ day of ______________ 19 ___.

ARTICLE 3. CONSIDERATION

In consideration of the foregoing the Contractor agrees to reimburse the Agency allowable costs incurred, in an amount not to exceed (written dollar amount) ($________________) for full and complete performance of this agreement in accordance with DOL regulations relating to Allowable Payment and in accordance with the attached proposal.

ARTICLE 4. REPORTING

The Agency shall prepare and submit such reports as may be required from time to time in such format and detail as directed by the Contractor.

ARTICLE 5. PRIME CONTRACT

The Agency hereby agrees upon execution of this agreement that the General Provisions (Attachment B) of the prime contract no. 82-48-70-30 between the United States Department of Labor and the State of Vermont, Department of Employment Security are incorporated into and become part of this agreement.

ARTICLE 6. AGREEMENT APPROVAL

It is hereby understood and mutually agreed that not-withstanding any other article of this Agreement that it shall not become effective until such time as the Department of Labor Contracting Officer has reviewed and approved the execution of this Agreement.

STATE OF VERMONT
DEPARTMENT OF EMPLOYMENT SECURITY

____
Signature

____
Typed Name and Title

Approved As To Form

(Agency)

____
Attorney General's Office
State of Vermont

____
Signature

____
Typed Name and Title

________________________, Counsel
Department of Employment Security
State of Vermont

SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0105 Subcontracts with other State Agencies -- continued

B. Proposal for Special Work Project with Vermont Department of Employment Security Form. This is also printed on green paper.

Standard Industrial Classification ____________________

PROPOSAL FOR SPECIAL WORK PROJECT
WITH VERMONT DEPARTMENT OF EMPLOYMENT SECURITY
(Experimental and Demonstration Project)

Submitted by

____
(Name of Agency)

____
(Date)

____
(Name & Address of Agency

____

proposes to conduct a Special Work Training Program to be carried out at ______________________ beginning on or about ____________
(Location)

and ending ________________.

The training will be carried out in accordance with the attached Training Plan under the general supervision of

____
(Agency employee responsible
for supervision of trainees)

I. TRAINING PLAN

Agency proposes to provide Special Work training for _______ employees in accordance with the plan below:

Agency proposes to provide the above Special Work training for a total cost of $____________________ in accordance with this proposal.

II. ELIGIBILITY

The final responsibility for determining Eligibility will be made by the Vermont Department of Employment Security.

III. NARRATIVE DESCRIPTION OF THE SCOPE OF WORK OF THIS PROPOSAL

(A narrative description of what will be done, who will be served, what equipment and materials will be used, what services will be provided to trainees, and any other information necessary to describe what will be included in the Special Work Program.)

IV. STAFF

(A specific description of how the Agency staff will be used to implement the program, and a specific description of how Vermont Department of Employment Security staff will be used to implement the program.)

V. REPORTING

Form "E&D-666" will be completed by the Agency monthly. (See Attached Sample).

At the discretion of the Agency, Special Work trainees may be released from work for supportive social and/or health service treatments not to exceed 10 hours in any working week. In order for trainees to receive pay during such absences from their regular training jobs, full documentation must accompany "Special Work Enrollee Time Card And Agency's Monthly Invoice." (form E&D-666)

VI. BILLING

Payment to Agency will be made on a cost reimbursement basis with billing to be submitted to Vermont Department of Employment Security every 30 days.

VII. SPECIAL WORK PROJECT TRAINING PLAN

____
Date

Agreement No. ________
Project No. ________

Contractor:

Vermont Department of Employment Security
Box 488
Montpelier, Vermont 05602

Agency: (offerer)

Telephone ____________

1. Project Schedule:

(a) Length of Project: Total Hours ________ Hours Per Week ____
Number of Weeks in Period of Enrollment ____
Start Date ________ End Date ________

(b) Number to be Enrolled ________

(c) Weekly Schedule ______________________________

2. Wage Information:

	Percent	Dollars
Agency's Portion of Gross Costs	________	________
Cost Reimbursement to Agency	________	________
Total Estimated Costs	________	________

Wages will be paid to trainee(s) on a ________ basis, and wage reimbursements to the Agency will be made on a monthly basis.

3. Overall Project Summary

DOT Job Title and Code	No. of Enrollees	Enrollee		No. of Wks.	Total Wks. Per Enrollee	Wkly Wage Per Enrollee	Total Wage Payments Enrollees	Agency Wage Reimbursement
		Work Week Hrs.	Wage Per Hrs.					

VIII. RESPONSIBILITY FOR ADMINISTRATION OF AGREEMENT

The Agency designates ________________, telephone no.________ (or such other individual as it may name in writing with notice to the Contractor) as the individual in charge of the administration of its promises, duties, and obligations under this contract.

The Contractor designates ______________, telephone no.________ (or any other individual as it may name in writing with notice of Agency) as its representative.

IX. CONDITIONS OF THIS SUBCONTRACT

The Agency will maintain appropriate standards for the health, safety, and other conditions applicable to the work to be performed and will provide Workmen's Compensation protection for all trainees, or accident and liability insurance coverage to an extent equal to such protection.

A. The Agency agrees that these jobs will serve a useful purpose and will not result in the displacement of any employed workers.

B. The Agency agrees to employ E&D enrollees under the following conditions:

1. Enrollees will be paid their regular hourly rate for each hour worked up to and including 40 hours per week providing each working day does not exceed 8 hours. For hours in excess of 8 per working day or in excess of 40 per work week trainees must be paid time and a half as specified on page 22 of the General Provisions, Section A, "Contract Work Hours Standards Act-Overtime Compensation."

   The Agency is solely responsible for the payment of overtime wages to trainees unless specified otherwise in the subcontract training plan.

   Trainee will be guaranteed at least 30 hours work per week.

2. Enrollees will be paid a minimum of one dollar and sixty (1.60) per hour for all hours worked up to forty (40) hours per week and in the same manner and frequency as regular hourly employees. Enrollees will be entitled to regular wage increases in accordance with company policy.

3. All wages are subject to income, social security, and all other applicable taxes. The Agency will submit payroll information monthly within three (3) working days each month from the original starting date of the contract (See sample Form E&D-666 attached hereto).

4. The Agency will provide adequate supervision not to exceed a

ratio of less than one (1) supervisor to ten (10) enrollees.

5. The Agency will maintain adequate standards for health, safety, and other conditions applicable to the performance of work.

6. The Agency will maintain enrollee time card reports on forms supplied by D.E.S. and submit them to D.E.S. monthly (Form "E&D-666").

7. Authorized representatives of the D.E.S. staff will maintain liaison with the Agency or its representative and enrollees to provide supportive services as required.

8. The Agency will allow authorized representatives of the E&D staff to review the activity periodically to determine the progress being made by the enrollee.

9. Whenever possible, E&D will notify the Agency two (2) weeks before terminating an enrollee's employment. Employment in the Special Work Project will be terminated whenever such action serves the needs of the enrollee. The Agency will notify E&D before terminating an enrollee's employment giving E&D the opportunity to try to resolve the problems.

10. The following conditions govern policy with respect to sick leave, holidays and vacation periods: ____________________
to be completed
____
____
____
____
____

11. FICA (Social Security) is provided and paid for by: __________
____
____
____

12. Workmen's Compensation is provided through: ______________
____
____
____

13. Describe in detail any other conditions of trainee employment, fringe benefits offered and payment thereof:____________

____

____

____

VERMONT EXPERIMENTAL & DEMONSTRATION PROJECT
SPECIAL WORK ENROLLEE TIME CARD
AND EMPLOYER'S MONTHLY INVOICE

(1) Subcontractor ____________________

(2) Subcontract # ____________________

(3) Address ____________________

(4) Invoice # ____________________

(5) Subcontract Period:
From: __________ To: __________

(6) Period Covered by this Invoice:
From: __________ To: __________

(7) Name of Enrollee ____________________

(8) Social Security No. ____________________

(9) Job Title ____________________

(10) Hourly Rate of Pay ____________________

(11)

Date	Hrs. Worked	Date	Hrs. Worked	Date	Hrs. Worked	Date	Hrs. Worked	Date	Hrs. Worked

(13) ENROLLEE'S SIGNATURE ____________________

(12) TOTAL HRS. WORKED ____________________

(14) SUPERVISOR'S SIGNATURE ____________________

(15) DATE ____________________

(16) Hourly Rate	(17) Total Hours Worked	(18) Total Earnings	(19) Employer's Fringe Benefits ______%	(20) Total Earnings and Fringe Benefits	(21) Percent of Reimbursement

Amounts claimed on this invoice constitute authorized payments in accordance with the terms of the negotiated cost reimbursement subcontract.

(22) AUTHORIZED SIGNATURE
(Employer/Subcontractor)

(23) TYPED NAME AND TITLE

(24) DATE

(25) INVOICE APPROVED (Manpower Specialist)

(26) DATE

(27) TOTAL AMOUNT OF REIMBURSEMENT EARNED THIS BILLING PERIOD FOR THIS TRAINEE

Distribution: 2-Fiscal Section D.E.S. (original & 1 copy, both original signatures) 1 - Local E&D File, 1-Employer

VT DES

E&D-666
10M 1-72

SPECIAL WORK PROJECT SUBCONTRACTUAL AGREEMENTS

0105 Subcontracts with other State Agencies -- continued

C. General Provisions for Cost-Reimbursement Type Contracts Form. For a description of this form see Section 0103 E.

0107 Additional subcontractual forms. The forms to be used when the employer/subcontractor is a Department of Employment Security local office are:

A. Directive for Conduct and Administration of Work Training Form.

Subcontract No. ____________________
IRS-ID Number ____________________

DIRECTIVE FOR CONDUCT AND ADMINISTRATION OF WORK TRAINING

To: ____________________
hereinafter called the local office.

WHEREAS, the Department of Employment Security, State of Vermont hereinafter called the Contractor, on the 30th day of June, 1970, received a Contract under the Manpower Development and Training Act of 1962, as amended (MDTA) from the United States Department of Labor, Manpower Administration (hereinafter referred to as the DOL), said Contract being designated as Contract No. 82-48-70-30; and

WHEREAS, pursuant to said Contract the Contractor is undertaking certain activities; and

WHEREAS, the Contractor intends that the local office render certain assistance in such undertaking;

Now therefore the Contractor directs the local office as follows:

ARTICLE I. SCOPE OF WORK

The local office accepted Scope of Work outlined in the proposal is attached hereto and a part thereof and shall govern the work of this directive.

ARTICLE 2. PERIOD OF THE PERFORMANCE

The local office shall commence performance under the terms and conditions as established herein on the ____________ day of ____________ 19 ________ and such performance shall be completed no later than ____________ day of ____________ 19 ____________.

ARTICLE 3. ALLOWABLE COSTS

Allowable costs incurred for full and complete performance of this directive in accordance with D.O.L. regulations relating to Allowable Payment and in accordance with attached proposal

shall not exceed ______________________ ($ __________).
(written dollar amount)

ARTICLE 4. REPORTING

The Local Office shall prepare and submit such reports as may be required from time to time in such format and detail as directed by the Contractor.

ARTICLE 5. PRIME CONTRACT

The Local Office shall comply with the General Provisions (Attachment B) of the prime contract no. 82-48-70-30 between the United States Department of Labor and the State of Vermont, Department of Employment Security, incorporated into and made a part of this Directive.

ARTICLE 6. DIRECTIVE APPROVAL

It is hereby understood and mutually agreed that not-withstanding any other article of this Directive that it shall not become effective until such time as the Department of Labor Contracting Officer has reviewed and approved the execution of this Directive.

STATE OF VERMONT
DEPARTMENT OF EMPLOYMENT SECURITY

____
Signature

____
Typed Name and Title

Approved as to Form

____
Attorney General's Office
State of Vermont

______________________, Counsel
Department of Employment Security
State of Vermont

ACCEPTED

____

____

By ______________________

SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0107 Additional subcontractual forms -- continued

B. Proposal for Special Work Project with Vermont Department of Employment Security Form.

Standard Industrial Classification

PROPOSAL FOR SPECIAL WORK PROJECT
WITH VERMONT DEPARTMENT OF EMPLOYMENT SECURITY
(Experimental and Demonstration Project)

Submitted by

____
(name of Local Office)

____
(date)

____
(name & address of Local Office)

____

proposes to conduct a Special Work Training Program to be carried out at ________________ beginning on or about ____________
(location)

____________ and ending ______________________________.

The training will be carried out in accordance with the attached Training Plan under the general supervision of

____
(local office employee responsible for
supervision of trainees)

I. TRAINING PLAN

The Local Office will provide Special Work Training for ______________________ employees in accordance with the plan below:

The Local Office will provide the above Special Work Training at a total cost of $________________________ in accordance with this proposal.

II. ELIGIBILITY

The final responsibility for determining Eligibility will be made by the Vermont Department of Employment Security.

III. NARRATIVE DESCRIPTION OF THE SCOPE OF WORK OF THIS PROPOSAL

(A narrative description of what will be done, who will be served, what equipment and materials will be used, what services will be provided to trainees, and any other information necessary to describe what will be included in the Special Work Program.)

IV. STAFF

(A specific description of how the local office staff will be used to implement the program, and a specific description of how Vermont Department of Employment Security staff will be used to implement the program.)

V. REPORTING

Form "E&D-666" will be completed by the local office monthly (See Attachment Sample).

At the discretion of the local office, Special Work Trainees may be released from work for supportive social and/or health service treatments not to exceed 10 hours in any working week. In order for trainees to receive pay during such absences from their regular training jobs, full documentation must accompany "Special Work Enrollee Time Card and Employer's Monthly Invoice." (Form E&D-666)

VI. BILLING

Billing with respect to cost reimbursement to the Department of Employment Security will be submitted by the local office to the Department every 30 days.

VII. SPECIAL WORK PROJECT TRAINING PLAN

Directive No. ______
Project No. ______

______
Date

Contractor:

Vermont Department of Employment Security
Box 488
Montpelier, Vermont 05602

Telephone ______

1. **Project Schedule:**

(a) Length of Project: Total Hours ______ Hours Per Week ______
Number of Weeks in Period of Enrollment ______
Start Date ______ End Date ______

(b) Number to be Enrolled ______

(c) Weekly Schedule ______

2. **Wage Information:**

	Percent	Dollars
Department Portion of Gross Costs	______	______
Cost Reimbursement to Department	______	______
Total Estimated Costs	______	______

Wages will be paid to trainee(s) on a ______ basis, and wage reimbursements to the Department will be made on a monthly basis.

3. Overall Project Summary

DOT Job Title and Code	No. of Enrollees	Enrollee		No. of Wks.	Total Wks. Per Enrollee	Wkly Wage Per Enrollee	Total Wage Payments Enrollees	Empl'r Wage Reimbursement
		Work Week Hrs.	Wage Per Hrs.					

VIII. RESPONSIBILITY FOR ADMINISTRATION OF WORK TRAINING

The Contractor designates ______________________________, telephone no.______________________(or such other individual as it may name in writing to the Contractor) as the individual in charge of the administration of the duties, and obligations of the local office under this directive.

The Contractor designates ______________________________ telephone no. ________________ (or any other individual as it may name in writing) as its representative.

IX. CONDITIONS OF THIS DIRECTIVE

The local office will maintain appropriate standards for the health, safety, and other conditions applicable to the work to be performed. Workmen's Compensation protection for all trainees, or accident and liability insurance coverage to an extent equal to such protection will be provided by the Contractor.

A. The local office will see that these jobs will serve a useful purpose and will not result in the displacement of any employed workers.

B. The local office will employ E&D enrollees under the following conditions:

1. The Enrollees will be paid their regular hourly rate for each hour worked up to and including 40 hours per week providing each working day does not exceed 8 hours. For hours in excess of 8 per working day or in excess of 40 per work week trainees must be paid time and a half as specified on page 22 of the General Provisions, Section A, "Contract Work Hours Standards Act-Overtime Compensation."

Payment of overtime wages to trainees unless specified otherwise in the training plan will be provided. Trainee will be guaranteed at least 30 hours per week.

2. Enrollees will be paid a minimum of one dollar and sixty (1.60) per hour for all hours worked up to forty (40) hours per week and in the same manner and frequency as regular hourly employees.

3. All wages are subject to income, social security, and all other applicable taxes. The local office will submit payroll information monthly within three (3) working days each month from the original starting date of the contract (See sample for E&D-666 attached hereto).

4. The local office will provide adequate supervision not to exceed a ratio of less than one (1) supervisor to ten (10) enrollees.

5. The local office will maintain adequate standards for health, safety, and other conditions applicable to the performance of work.

6. The local office will maintain enrollee time card reports on forms supplied by D.E.S. and submit them to D.E.S. monthly (Form "E&D-666")

7. Authorized representatives of the D.E.S. staff will maintain liaison with the Sponsor or his representative and enrollees to provide supportive services as required.

8. The local office will allow authorized representatives of the E&D staff to review the activity periodically to determine the progress being made by the enrollee.

9. Whenever possible, E&D will notify the local office two (2) weeks before terminating an enrollee's employment. Employment in the Special Work Project will be terminated whenever such action serves the needs of the enrollee. The local office will notify E&D before terminating an enrollee's employment giving E&D the opportunity to try to resolve the problems.

10. The following conditions govern policy with respect to sick leave, holidays and vacation periods: ____________________
to be completed

____

____

____

____

____

____

11. FICA (Social Security) is provided and paid for by __________

____

____

____

12. Workmen's Compensation is provided through ______________

____

____

____

13. Describe in detail any other conditions of trainee employment, fringe benefits offered and payment thereof ______

____

____

____

VERMONT EXPERIMENTAL & DEMONSTRATION PROJECT
SPECIAL WORK ENROLLEE TIME CARD
AND EMPLOYER'S MONTHLY INVOICE

(1) Subcontractor ______________________________ (2) Subcontract # ______________
(3) Address ______________________________ (4) Invoice # ______________
(5) Subcontract Period:
From: __________ To: __________
(6) Period Covered by this Invoice:
From: __________ To: __________
(7) Name of Enrollee ______________________________ (8) Social Security No. ______________
(9) Job Title ______________________________ (10) Hourly Rate of Pay ______________
(11)

Date	Hrs. Worked	Date	Hrs. Worked	Date	Hrs. Worked	Date	Hrs. Worked	Date	Hrs. Worked

(13) ENROLLEE'S SIGNATURE ______________________________ (12) TOTAL HRS. WORKED ______
(14) SUPERVISOR'S SIGNATURE ______________________________ (15) DATE ______________

---

(16) Hourly Rate	(17) Total Hours Worked	(18) Total Earnings	(19) Employer's Fringe Benefits ______%	(20) Total Earnings and Fringe Benefits	(21) Percent of Reimbursement

Amounts claimed on this invoice constitute authorized payments in accordance with the terms of the negotiated cost reimbursement subcontract.

______________________________ ______________________________ ______________________________
(22) AUTHORIZED SIGNATURE (Employer/Subcontractor) (23) TYPED NAME AND TITLE (24) DATE

______________________________ ______________________________ ______________________________
(25) INVOICE APPROVED (Manpower Specialist) (26) DATE (27) TOTAL AMOUNT OF REIMBURSEMENT EARNED THIS BILLING PERIOD FOR THIS TRAINEE

Distribution: 2-Fiscal Section D.E.S. (original & 1 copy, both original signatures) 1 - Local E&D File, 1-Employer

VT DES

E&D-666
10M 1-72

SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0107 Additional subcontractual forms -- continued

C. General Provisions for Cost-Reimbursement Type Contracts Form. For a description of this form, see Section 0103 E. In this entire Procedural Guide all of the procedural information which pertains to subcontracts is also applicable for agreements (with other State agencies) and directives (to DES local offices).

0109 Subcontract Negotiation. The primary responsibility of the Manpower Specialist is to develop job slots for the SWP clients. He must seek out potential employer/subcontractors, determine the advisability of entering into a subcontract, and negotiate the details of the subcontract. The E&D Project provides a checklist to assist the Manpower Specialist in assessing the value and in negotiating the points of each prospective subcontract. He should always be aware of this checklist during negotiations with the potential employer/subcontractor.

A. Does the Special Work position prepare the trainee for later employment in line with his vocational plan?

B. Will the Special Work training equip the trainee with a skill or skills which will enable him to secure regular employment at a later date?

C. Will the Special Work trainee be well supervised and have established standards of performance?

D. Does the subcontract specifically state the terms of employment, pay rate, pay rate increases if any, Workmen's Compensation, Social Security, and arrangement for payment of overtime work?

E. Does the subcontract provide specifically for regular periods during the course of the Special Work Project in which trainees may meet with an E&D Counselor in order to discuss his progress, problems, etc.?

F. Does the subcontract specify any commitment on the part of the employer/subcontractor to provide regular employment to the Special Work trainee upon the completion of training?

SPECIAL WORK PROJECT SUBCONTRACTUAL AGREEMENTS

0109 Subcontract Negotiation -- continued

G. Does the subcontract specify provisions for "Employability Orientation" to be provided either on employer/subcontractor's premises or at local E&D facility during release time provided by employer/subcontractor.

H. Are the specific services the employer/subcontractor is to provide clearly spelled out?

I. Are the specific services to be provided by E&D unit personnel clearly delineated?

J. Is the correct legal title of the subcontracting organization used?

K. Has the subcontract been signed by a person legally authorized to sign for the organization?

0111 Approval and Distribution of Special Work Subcontracts. After the Manpower Specialist has completed the subcontract and secured the authorized signature of the subcontracting organization, he sends the first two sections (the original of the Contract for Conduct and Administration of Work Training Form and the original plus six copies of the Proposal for Special Work Project with Vermont Department of Employment Security Form) to the Central Office. The subcontracting organization should keep the third section (The General Provisions for Cost-Reimbursement Type Contracts Form).

When the Central Office clerk receives a subcontract, he assigns to it a subcontract number (see Section 0103 B). He enters the number in Item 1 of the Contract for Conduct and Administration of Work Training Form and in Item 15 of the Proposal Section. He then records the subcontract in a Special Work subcontract log.

After logging the subcontract, the Central Office clerk sends the original of both sections to the DES legal department for approval. Once DES's counsel has approved and signed the subcontract, the legal department sends it to

SPECIAL WORK PROJECT SUBCONTRACTUAL AGREEMENTS

0111 Approval and Distribution of Special Work Subcontracts -- continued

the State's Attorney General's office for approval and signature. The Attorney General's office then returns the subcontract to the Central Office clerk who sends it to the Director of Employment Services for his review and approval. He returns the subcontract to the Central Office clerk who makes six copies of the first section (pages one and two) and collates them with the six copies of the second section (the Proposal Section).

At this point, the subcontract is ready for distribution. One copy and the original go to the Department of Employment Security Fiscal Department. The DES Fiscal Department, in turn, sends the original to the Vermont Department of Finance. Two copies are then routed to the originating local office. The local office keeps one copy on file and sends the other to the subcontracting organization. Two additional copies (with covering letter) are sent to the Department of Labor in Washington. The Department of Labor Contracting Officer reviews and approves the subcontract via a letter sent to the Central Office. One copy is then placed in the Central Office Special Work subcontract file. Since each subcontract has its own file folder, any subsequent correspondence, memos, or amendments relating to the subcontract are placed in the designated subcontract folder.

The Central Office clerk must maintain a record of this entire procedure, from the time the subcontract is initially received by the Central Office to the time all of the copies are sent to their proper destination. The record is maintained so that the subcontracts cannot get lost in the shuffle and so that they may be processed as rapidly and expeditiously as possible. This routing process is recorded in the Subcontract Control Record Form. The form and instructions for its maintenance are as follows:

A. Subcontract Control Record Form

A. Subcontract Control Record

Subcontract Numbers	Received in Central Office	Sent to Legal Department	Returned from Legal Department	Sent to Director of Employment Services	Sent to Washington	Copies sent to Local Office	One copy and original sent to Fiscal

SPECIAL WORK PROJECT SUBCONTRACTUAL AGREEMENTS

0111 Approval and Distribution of Special Work Subcontracts -- continued

B. Instructions in Maintaining the Contract Control Record. As each subcontract is initially received by the Central Office clerk, the assigned subcontract number and date of arrival are entered in the Contract Control Record. The stages of the routing process are.

1. Sent to the Legal Department
2. Returned from Legal Department
3. Sent to Director of Employment Service
4. Sent to Washington
5. Copies sent to local office
6. Original and one copy sent to Fiscal Section

As each stage is completed, the completion date is recorded. After the last stage, the final copy should be filed in the Central Office subcontract files.

0113 Subcontract Amendments. Frequently situations arise that require the amending of a subcontract. One reason for this amendment procedure is the possible need for extending a subcontract's time period. A desire to phase down subsidy or the change in the number of job slots in a subcontract are additional reasons.

Since some causes for amending may be atypical, a particular item in the amendment format may have to be changed occasionally to suit the situation. Once the Subcontract Amendment is completed and signed by the employer/subcontractor, it follows the same approval, copying and distribution procedure as the first section of the subcontract (see Section 0111). When an amendment is necessary, an Amendment to Contract for Conduct and Administration of Work Training Form must be completed. As with the subcontract, this form pertains only to organizations not connected with the State government. This form is listed below as are the forms needed when another State agency and the

SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0113 Subcontract Amendments -- continued

Department of Employment Security local office are involved. The same basic format is used in all three cases, the only difference being that the form for DES is a simplified version of the other amendments.

A. Amendment to Contract for Conduct and Administration of Work Training Form.

AMENDMENT
TO
CONTRACT FOR CONDUCT AND ADMINISTRATION OF WORK TRAINING

This Agreement is entered into this ____(1)____ day of ____(2)________ 19_(2)_ between the State of Vermont, Department of Employment Security, Montpelier, Vermont, a government agency, hereinafter called the "Contractor" and ________(3)________ ____________________ hereinafter called the "Subcontractor".

Whereas, on the ___(4)___ day of _____(5)______ 19_(5)__ the Contractor and the Subcontractor entered into a Contract for Conduct and Administration of the Family Assistance Program, said Contract being designated Subcontract No. _____(6)_____ and

Whereas, the allowable costs that have been and will be incurred by the Subcontractor under said Contract will be substantially less than anticipated at the time of the execution of the said Contract, and

Whereas, the Contractor and the Subcontractor have mutually agreed to modify certain items of said Contract.

NOW, THEREFORE, in consideration of the promises and agreements of the parties hereinafter contained, it is mutually agreed:

I. To amend and modify the proposal of the Subcontractor, attached to and made a part of said Contract, as follows:

A. The Subcontractor proposes to provide Special Work training for __(7)__ employees in accordance with the attached plan in lieu of the number ___(8)___ and the plan set forth in said proposal.

B. The Subcontractor proposes to provide the Special Work training for a total cost of $_____(9)_____ in lieu of the amount $______(10)_______ specified in said proposal.

II. To amend and modify Article 3 of said Contract to provide that the Contractor agrees to reimburse the Subcontractor allowable costs incurred in an amount not to exceed $_____(11)_____ in lieu of the amount $_____(12)_____ specified.

III. The Contractor and Subcontractor mutually agree to the performance of said Contract as here amended, and do release and discharge each other from the obligations of the Contract in conflict with this agreement.

IV. It is hereby understood and mutually agreed that not-withstanding any other provision of this Agreement that it shall not become effective until such time as the Department of Labor Contracting Officer has reviewed and approved the execution of this

Agreement.

STATE OF VERMONT
DEPARTMENT OF EMPLOYMENT SECURITY

____
Signature

(13)
____
Typed Name and Title

SUBCONTRACTOR (14)

____
Signature

(15)
____
Typed Name and Title

Approved As To Form

____
Attorney General's Office
State of Vermont

______________________________, Counsel
Department of Employment Security
State of Vermont

SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0113 Subcontract Amendments -- continued

B. Amendment to Agreement for Conduct and Administration of Work Training Form.

AMENDMENT
TO
AGREEMENT FOR CONDUCT AND ADMINISTRATION OF WORK TRAINING

This Agreement is entered into this ________ day of ________ 19______ between the State of Vermont, Department of Employment Security, Montpelier, Vermont, a government agency, hereinafter called the "Contractor" and ______________________________ hereinafter called the "Agency".

Whereas, on the ______ day of ______________ 19______ the Contractor and the Agency entered into an Agreement for Conduct and Administration of the Family Assistance Program, said Agreement being designated Agreement No. ____________ and

Whereas, the allowable costs that have been and will be incurred by the Agency under said Contract will be substantially __________ than anticipated at the time of the execution of the said Agreement, and

Whereas, the Contractor and the Agency have mutually agreed to modify certain items of said Agreement.

NOW, THEREFORE, in consideration of the promises and agreements of the parties hereinafter contained, it is mutually agreed:

I. To amend and modify the proposal of the Agency attached to and made a part of said agreement as follows:

A. The Agency proposes to provide Special Work training for __________ employees in accordance with the attached plan in lieu of the number __________ and the plan set forth in said proposal.

B. The Agency proposes to provide the Special Work training for a total cost of $___________ in lieu of the amount $_______ specified in said proposal.

II. To amend and modify Article 3 of said Agreement to provide that the Contractor agrees to reimburse the Agency allowable costs incurred in an amount not to exceed $__________ in lieu of the amount $__________ specified.

III. The Contractor and Agency mutually agree to the performance of said Agreement as here amended, and do release and discharge each other from the obligations of the Agreement in conflict with this Amendment.

IV. It is hereby understood and mutually agreed that not-with - standing any other provision of this Agreement that it shall not become effective until such time as the Department of Labor Contracting Officer has reviewed and approved the execution of this Agreement.

STATE OF VERMONT, DEPARTMENT
OF EMPLOYMENT SECURITY

Signature

Typed Name and Title

Approved As To Form:

Attorney General's Office
State of Vermont

, Counsel
Dept. of Employment Security
State of Vermont

AGENCY:

Signature

Typed Name and Title

SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0113 Subcontract Amendments -- continued

C. Amendment to Directive for Conduct and Administration of Work Training Form.

AMENDMENT
TO
DIRECTIVE FOR CONDUCT AND ADMINISTRATION OF WORK TRAINING

To: ____

____

WHEREAS, on the 1st day of July, 1972, the Department of Employment Security, State of Vermont, hereinafter called the contractor issued a Directive to ______________________ ______________________________ hereinafter called the Local Office, for Conduct and Administration of the Family Assistance Program, said Directive being designated Directive No.__________, and

WHEREAS, the allowable costs that have been and will be incurred by the local office under said directive will be more than anticipated at the time of issuance of said Directive.

NOW, THEREFORE, Directive No. __________ is modified and amended as follows:

STATE OF VERMONT
DEPARTMENT OF EMPLOYMENT SECURITY

____
Signature

____
Typed Name and Title

ACCEPTED:

By: ___________________________

Approved As To Form:

____
Attorney General's Office,
State of Vermont

____
, Counsel
Department of Employment Security
State of Vermont

SPECIAL WORK PROJECT SUBCONTRACTUAL AGREEMENTS

0113 Subcontract Amendments -- continued

D. Instructions for Completing Amendment to Contract for Conduct and Administration of Work Training the Amendment to Contract for Conduct and Administration of Work Training Form the following guide should be used:

1. Enter the current day of filling out the amendment.

2. Enter the current month and year.

3. Enter the complete legal name of the subcontracting organization.

4. Enter the day on which the original subcontract was drawn up.

5. Enter the month and year in which the original subcontract was drawn up.

6. Enter the assigned subcontract number.

7. If there is a change in the number of job slots, enter the new number of employees the subcontract is to cover.

8. If there is a change in the number of job slots, enter the original number of employees the subcontract was to cover. If Items 7 and 8 are filled out, it is necessary to complete and attach the "Special Work Project Training Plan" (Proposal for Special Work Project with Vermont Department of Employment Security Form, see 0103 C).

9. If there is a change in the total cost of the Special Work training, enter the new amount.

10. If there is a change in the total cost of the Special Work training, enter the original amount.

11. Enter the new amount of subsidy the Department of Employment Security agrees to give the subcontractor.

SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0113 Subcontract Amendments -- continued

12. Enter the original amount of subsidy the Department of Employment Security agreed to give the subcontractor.

13. Enter the name and title of the Director of the Employment Service.

14. Enter the legal name of the subcontracting organization.

15. Enter the name and title of the individual authorized to sign for the subcontracting organization.

0115 Subcontract Terminations. At times, it is advantageous to terminate a subcontract. Once funds are allocated for a specific subcontract, they are not available for other subcontracts. Therefore, if a subcontract has vacant job slots, its termination may be advisable so that the funds may be used for other purposes. Another situation which may require subcontract termination arises when the employer/subcontractor's training is not up to par.

When subcontract termination is necessary, a SWP Subcontract Termination Amendment Form must be completed. As usual, there are three different termination forms: one for a subcontracting organization not connected with the State government; one for other State agencies; and one for the Department of Employment Security (DES) local offices.

The same basic format is used for terminations with organizations not connected with the State government and other State agencies, and they follow the same approval, copying and distribution procedure as the first section of the subcontract (see Section 0111). The instructions for completing the SWP Subcontract Termination Amendment Form are listed subsequent to the forms below.

The form used with the DES local offices follows a simplified format and must be signed only by the Director of Employment Service. The procedure for copying and distribution is the same as that for the other termination forms.

SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0115 Subcontract Terminations -- continued

A. SWP Subcontract Termination Amendment Form for Subcontracting Organizations Not Connected With the State Government.

SWP SUBCONTRACT TERMINATION
AMENDMENT FORM

This Agreement is entered into this __(1)__ day of __(2)__ 19__(2)__ between the State of Vermont, Department of Employment Security, Montpelier, Vermont, a government agency, hereinafter called the "Contractor" and ________(3)________ hereinafter called the "Subcontractor".

Whereas, on the __(4)__ day of ____(5)____ 19__(5)__ the Contractor and the Subcontractor entered into a Contract for Conduct and Administration of the Family Assistance Program, said Contract being designated Subcontract No. ____(6)____ and

Whereas, the Contractor and the Subcontractor have mutually agreed to the termination of said Contract.

NOW, THEREFORE, the Contractor and the Subcontractor mutually agree to release and discharge, and do release and discharge, each other from the obligations of the Contract.

STATE OF VERMONT
DEPARTMENT OF EMPLOYMENT SECURITY

____
Signature

____(7)____, ES Director
Typed Name and Title

Approved as to Form

____
Attorney General's Office
State of Vermont

________________________, Counsel
Department of Employment Security
State of Vermont

SUBCONTRACTOR (8)

____
Signature

____
Typed Name and Title

SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0115 Subcontract Terminations -- continued

B. SWP Agreement Termination Amendment Form for Other State Agencies.

SWP AGREEMENT TERMINATION
AMENDMENT FORM

This Agreement is entered into this ________ day of ________ 19______ between the State of Vermont, Department of Employment Security, Montpelier, Vermont, a government agency, hereinafter called the "Contractor" and ______________________________ ____________________ hereinafter called the "Agency".

Whereas, on the ______ day of ______________ 19______ the Contractor and the Agency entered into a Contract for Conduct and Administration of the Family Assistance Program, said Contract being designated Subcontract No. ____________ and

Whereas, the Contractor and the Agency have mutually agreed to the termination of said Contract.

NOW, THEREFORE, the Contractor and the Agency mutually agree to release and discharge, and do release and discharge, each other from the obligations of the Contract.

STATE OF VERMONT
DEPARTMENT OF EMPLOYMENT SECURITY

____
Signature

______________________, ES Director
Typed Name and Title

AGENCY

____
Signature

____
Typed Name and Title

Approved as to Form

____
Attorney General's Office
State of Vermont

____
, Counsel
Department of Employment Security
State of Vermont

SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0115 Subcontract Terminations -- continued

C. Directive for Termination Form for Department of Employment Security Local Offices.

DIRECTIVE FOR TERMINATION

TO: ______________________________ local office of the Department of Employment Security.

Directive No. __________ dated ____________________ 19 ______ is terminated effective ____________________ 19 ______.

Dated this ______ day of ____________________ 19 ______.

State of Vermont, Department
of Employment Security

By: _______________________
, Director
Vermont State Employment
Service

SPECIAL WORK PROJECT
SUBCONTRACTUAL AGREEMENTS

0115 Subcontract Terminations -- continued

D. Instructions for Completing the SWP Subcontract Termination Amendment Form.

1. Enter the current day of filling out the termination.
2. Enter the current month and year.
3. Enter the complete legal name of the subcontracting organization.
4. Enter the day on which the original subcontract was drawn up.
5. Enter the month and year the original subcontract was drawn up.
6. Enter the assigned subcontract number.
7. Enter the name and title of the Director of the Employment Service
8. Enter the legal name of the subcontracting organization.
9. Enter the name and title of the individual authorized to sign for the subcontracting organization.

MARKETING
SPECIAL WORK PROJECT

MARKETING
SPECIAL WORK PROJECT

0200 Introduction. The Manpower Specialist must be familiar with the basic information necessary to market Special Work Project to potential employers. General marketing procedure and specific procedure for marketing Special Work is utilized by the Manpower Specialist who makes the direct contact in soliciting employers. A standard form letter is also available to the Manpower Specialist to be used as the initial contact with the prospective employer. This Procedural Guide is composed of a general discussion on marketing procedure; a form letter to potential employers soliciting their participation in the project; and a specific checklist to be used in marketing Special Work Project.

0203 General Marketing Techniques and Special Work Project. In order to market Special Work Project, the Manpower Specialist must utilize the basic selling techniques used to market any product. Knowledge of the product is the most important asset a salesman can possess. Confidence is gained from knowledge and grows with use.

The goal is to identify the employer's need and then satisfy the need. This goal is achieved by promotion, study, analysis and presentation. Helping a businessman recognize his problems by placing our full range of services, knowledge, experience and ability at his disposal will serve this goal. The more the Manpower Specialist listens, the better he can determine what the employer's problems and needs are. With this knowledge he is in the position to solve or alleviate these problems and fulfill these needs.

When making the first contact with an employer, it is desirable to start as high up the ladder as possible. It is difficult to go to the principal when turned down by a subordinate. Also, an introduction by the boss usually produces a very attractive reception.

Being of service to an employer is the most important approach. As a representative of the Employment Service, the Manpower Specialist should offer him the full range of Employment services. If he has any requests, they should be referred to the proper division for action. It is imperative, however, that his request be followed up prior to calling on him again to insure action was initiated. If results were obtained through the regular channels, the

MARKETING
SPECIAL WORK PROJECT

0203 General Marketing Techniques and Special Work Project -- continued

Manpower Specialist should have a receptive audience on the next visit.

0205 Initial Contact with Potential Employer. Following is a standard form letter to be used for mailing to nonprofit private and public employers for the purpose of soliciting their participation in Special Work Project. Approximately one week after mailing this letter, it should be followed by direct contacts with individual employers.

MARKETING
SPECIAL WORK PROJECT

0205 Initial Contact with Potential Employer -- continued

A. Sample Form Letter to Potential Employers:

Sept. 5, 1972

Dear Mr. Doe:

The Vermont Department of Employment Security is currently operating an Experimental and Demonstration Manpower Pilot Project in order to develop and test certain manpower operations. One goal of the program is to provide "Special Work" experience to low-income, unemployed individuals with families in order that these individuals may perform work in the public interest and simultaneously develop marketable job skills leading to nonsubsidized employment. The aim is to secure job "slots" among nonprofit employers for all eligible clients. The clients to be placed in such positions would be provided sufficient work experience to make them acceptable for entry-level positions in the general labor market. Among the conditions attached to the arrangements are:

1. Work to be done by clients is work not now being done.
2. Such work does not displace any present employee.
3. The work would be in the public interest.
4. The employer obligates himself to provide necessary helpful supervision.
5. When possible, the employer retains satisfactory trainees as permanent, nonsubsidized employees.

The time limit for the project is the end of the current fiscal year. The employer may be reimbursed between 60% and 100% of the hourly gross wage paid to the client depending upon the amount of supervision and assistance which the employer can provide. The employer will recapture a percentage of his salary expenditure by monthly billings to the Department of

MARKETING
SPECIAL WORK PROJECT

0205 Initial Contact with Potential Employer -- continued

Employment Security. To the extent possible, it is hoped that trainees placed in "Special Work" positions will be able to move into a regular position with the training employer once the trainee has been brought to an employment level acceptable to the training employer.

In the near future, a Manpower Specialist from this department will be in contact with you, to ascertain the potential in your organization for "Special Work Slots". At that time, any questions that you may have can be answered by our representative.

Sincerely yours,

__________, Director
Vermont State
Employment Service

0207 A Checklist of Suggested Marketing Techniques for Promoting Special Work Training. Following are some of the advantages Special Work Project may have for an employer. One or several points may be used to answer the objectives of a specific employer and may be elaborated upon:

A. Low-cost help during periods of budgetary stringency.

B. A source of entry-level employees who can be trained to an employer's unique requirements for eventual retention.

C. Increased productivity through expanded staff.

D. Increased potential for experimentation with own new programs.

E. Provide means to test and improve employer's supervisory staff training capability.

F. Source of new employees for an organization with recruitment difficulties.

MARKETING
SPECIAL WORK PROJECT

0207 A Checklist of Suggested Marketing Techniques for Promoting Special Work Training -- continued

G. Enables employer to make a positive contribution to alleviating "hard-core" unemployment.

H. Assists the "hard-core" unemployed in becoming a self-sustaining member of society.

I. Assists getting welfare clients off public assistance, thus decreasing the overall tax burden.

J. Acquaints employer's staff with the multiple problems of the "hard-core" unemployed.

K. Allows employers to participate in manpower experiment.

L. Enables an employer to review his entry-level job requirements to determine if they are set too high.

Part III
0300-0399 Procedural Guide #3 9/30/73

ENROLLEE TIME CARDS AND EMPLOYER'S MONTHLY INVOICES

ENROLLEE TIME CARDS AND EMPLOYER'S MONTHLY INVOICES

0300 Billing Procedure. Billing to the Department of Employment Security for Special Work is submitted monthly by the employer on the Special Work Enrollee Time Card and Employer's Monthly Invoice, Form E&D-666. It is composed of the Enrollee Time Card and the Employer's Monthly Billing Invoice. The first of these documents the hours a trainee worked during the month. The second details the amount of wages paid to the Special Work trainee and the amount of reimbursement due to the employer.

A. Special Work Enrollee Time Card and Employer's Monthly Invoice, Form E&D-666.

VERMONT EXPERIMENTAL & DEMONSTRATION PROJECT
SPECIAL WORK ENROLLEE TIME CARD
AND EMPLOYER'S MONTHLY INVOICE

(1) Subcontractor ____
(3) Address ____
(5) Subcontract Period:
From: ____ To: ____
(7) Name of Enrollee ____
(9) Job Title ____
(11)

(2) Subcontract # ____
(4) Invoice # ____
(6) Period Covered by this Invoice:
From: ____ To: ____
(8) Social Security No. ____
(10) Hourly Rate of Pay ____

Date	Hrs. Worked	Date	Hrs. Worked	Date	Hrs. Worked	Date	Hrs. Worked	Date	Hrs. Worked

(13) ENROLLEE'S SIGNATURE ____
(14) SUPERVISOR'S SIGNATURE ____
(12) TOTAL HRS. WORKED ____
(15) DATE ____

(16) Hourly Rate	(17) Total Hours Worked	(18) Total Earnings	(19) Employer's Fringe Benefits ____%	(20) Total Earnings and Fringe Benefits	(21) Percent of Reimbursement

Amounts claimed on this invoice constitute authorized payments in accordance with the terms of the negotiated cost reimbursement subcontract.

(22) AUTHORIZED SIGNATURE (Employer/Subcontractor) ____
(23) TYPED NAME AND TITLE ____
(24) DATE ____

(25) INVOICE APPROVED (Manpower Specialist) ____
(26) DATE ____
(27) TOTAL AMOUNT OF REIMBURSEMENT EARNED THIS BILLING PERIOD FOR THIS TRAINEE ____

Distribution: 2-Fiscal Section D.E.S. (original & 1 copy, both original signatures) 1 - Local E&D File, 1-Employer

VT DES

E&D-666
10M 1-72

ENROLLEE TIME CARDS AND EMPLOYER'S MONTHLY INVOICES

0300 Billing Procedure -- continued

One original and three carbon copies of the form will be required for each Special Work trainee covered by the subcontract. The employer retains one carbon copy for his files and sends the other two carbon copies and the original to the Manpower Specialist for his approval and signature. The Manpower Specialist retains one carbon copy for his files, and then sends the original and one carbon copy, both of which should bear original signatures, to the Central Office. The Central Office sends the carbon copy and the original to Fiscal Section for payment processing. Fiscal Section retains the carbon copy and sends the original to the State Finance Department.

The Manpower Specialist must explain to the Special Work employer the procedure for completing and submitting the E&D-666 form, since the procedure is primarily the employer's responsibility. For instructions in completing the E&D-666 form, see Section 0300 B.

B. Instructions for Completing the Special Work Enrollee Time Card and Employer's Monthly Invoice, Form E&D-666. The E&D-666 form should be submitted monthly, the first submission being 30 days after the subcontract's starting date. The form should be completed in the following manner for each trainee covered by the subcontract:

1. Enter name of employer.
2. Enter subcontract number.
3. Enter the address of the employer (i.e., where the training is taking place).
4. Enter the invoice number (sequential billing periods). This should be the number starting with one (1) for the first billing period under the subcontract, a hyphen and a number for each enrollee (i.e., 1-1, 1-2, 1-3 etc.). The second billing period would be 2-1, 2-2, 2-3 etc.
5. Enter the beginning and ending dates of the subcontract.

ENROLLEE TIME CARDS AND EMPLOYER'S MONTHLY INVOICES

0300 Billing Procedure -- continued

6. Enter the beginning and ending dates of the billing period for which reimbursement is being requested.

7. Enter name of Special Work trainee occupying the slot covered by this form.

8. Enter trainee's Social Security Number.

9. Enter the job title and D.O.T. Code for the job slot covered by this form.

10. Enter the hourly pay rate for the job slot covered by this form.

11. Enter the month and day of scheduled work and the number of hours that the enrollee worked for each day. No remarks are necessary except in the "hours worked" block, where the following information for paid time off authorized by the subcontract, and the number of hours the time off represents must be entered:

    a. Pd. Hol. = paid holidays

    b. Pd. S.L. = paid sick leave

    c. A.L. = paid annual leave

12. Enter the total number of hours the trainee worked during the billing period, including any authorized leave or holidays under the subcontract.

13. Trainee should enter his signature to indicate that he was paid for the dates and hours listed.

14. The supervisor should enter his signature to indicate that the trainee worked the dates and hours listed.

15. Enter the date signed by the supervisor.

16. Enter the hourly rate of pay (same as Item 10).

ENROLLEE TIME CARDS AND EMPLOYER'S MONTHLY INVOICES

0300 Billing Procedure -- continued

17. Enter the total number of hours worked including any authorized leave or holidays under the subcontract (same as Item 12).

18. Enter the total earnings of the trainee in this billing period (Item 16 times Item 17).

19. Enter the percent of fringe benefits paid and the dollar amount of fringe benefits.

20. Enter the total amount of earnings (Item 18) and fringe benefits (Item 19).

21. Enter the percent of reimbursement authorized by the subcontract.

22. Each invoice should be signed by an authorized person from the employing organization.

23. Enter the name and address of the person authorized by the employing organization to sign this invoice.

24. Enter the date signed.

25. The Manpower Specialist for the E&D local office should sign approval of this invoice.

26. Enter the date of the Manpower Specialist's signature.

27. Enter the total amount of reimbursement due to the employer this billing period for this trainee (Item 20 times Item 21).

Part IV

0400-0499 Procedural Guide #4 9/30/73

SPECIAL WORK ELIGIBILITY,
ORIENTATION,
ENROLLMENT AND DEPARTURE

SPECIAL WORK ELIGIBILITY, ORIENTATION, ENROLLMENT AND DEPARTURE

0400 Introduction. When a potential client is referred to the E&D Project, the Counselor must first determine his eligibility by checking certain criteria pertaining to income, employability and family size. Once a client has been determined eligible and a suitable candidate for Special Work training, he must be oriented to the program so that he is aware of the project's purpose, how the project operates. responsibilities of the enrollee and employer. and expected program outcomes. After initial orientation, the client is enrolled into a training job slot, and his entry is recorded by a Trainee Status Form. When he leaves the training job slot, the same form is used to record his departure. This Procedural Guide describes the procedure for determining Special Work Project eligibility, identifies the points that should be covered in a trainee's program orientation, and explains the function of the Trainee Status Form.

0403 Eligibility Determination. In order to determine the eligibility of a potential client, an Application Information Record.Form MA-101 and an MA-101 Supplemental Form: Part C,must be completed about the applicant. These two forms and instructions for completing the second are listed below.

A. Application Information Record, Form MA-101.

U. S. DEPARTMENT OF LABOR
MANPOWER ADMINISTRATION
Form MA-101 (6-68)

FORM APPROVED
BUDGET BUREAU NO. 44-R1202.2

APPLICANT INFORMATION RECORD

1. CONTRACT IDENTIFICATION
a. State of Training
b. State Code | c. Fiscal year approved
d. Contract No. (Prefix) (Prime) (Sub)

2. FUNDING CODE

a	b
A__CEP	A__MDTA
B__Model City	B__EOA
C__CWTP	C__Social Security
__Other *(Specify)* _________	__Other *(Specify)* _________

3. PROGRAM IDENTIFICATION
01__MDTA-Institutional
03__MDTA-OJT
05__MDTA-Coupled
07__MDTA-Part-time
11__NYC-In school
13__NYC-Out of school
15__NYC-Summer
21__New Careers
23__Operation Mainstream
25__Orientation
27__Special Impact
__Other *(Specify)* __________

4. MDTA INSTITUTIONAL SEC. NO.

5. WIN ONLY 1__ES 2__CAA 3__Other

6. LOCAL ES OFFICE NO.

7a. NAME OF CONTRACTOR | **7b. ADDRESS** *(Number, Street, City, State, and Zip Code)*

8a. OCCUPATIONAL GOAL *(Name)* | **8b. DOT** *(9-digit)* | **9a. TARGET AREA** *(Name)* | **9b. CODE**

10. START DATE *(Mo., day, yr.)* | **11a. NAME OF APPLICANT** *(Last, first, middle initial)* | **11b. PHONE NO.** | **11c. SOCIAL SECURITY NO.**

12. ADDRESS *(Number, Street, City, State, and Zip Code)* | **13. COUNTY OF RESIDENCE** a. Name | b. Code | **14. CONGRESSIONAL DIST.** a. State Code | b. District No.

15. DATE OF BIRTH *(Mo. & yr.)*

16. SEX 1__Male 2__Female

17. HANDICAPPED 1__Yes 2__No

18. MILITARY SERVICE STATUS
1__Veteran
2__Rejectee
3__Other non-vet
Discharge Date *(Month, day, & year)* __________________

19. MARITAL STATUS
1__Never married
2__Married
3__Widow / Widower
4__Divorced / legally separated

20. PRIMARY WAGE EARNER 1__Yes 2__No

21. HEAD OF FAMILY OR HEAD OF HOUSEHOLD 1__Yes 2__No

22. NO. OF DEPENDENTS
0__ 1__ 2__ 3__ 4__ 5__ 6 and over__

23. CHECK ONE
1__White
2__Negro
3__Amer. Indian
4__Oriental
5__Other

24. IF SPANISH SURNAME, CHECK ONE
1__Mexican American
2__Puerto Rican
3__Other

25. U. I. CLAIMANT
1__Yes
2__No
3__Exhaustee

26. PUBLIC ASSIST. RECIPIENT 1__Yes 2__No
If YES, fill out reverse side

27. HIGHEST SCHOOL GRADE COMPLETED

28. PREVIOUS JOB TRAINING
1__Yes 2__No *(If YES, complete the information below)*
a. Job Title
b. DOT (6-digit) | c. Date completed *(Mo. & yr.)*

29. PARTICIPATION IN OTHER FEDERAL PROGRAMS
9__None Participated in *(check all relevant items)*.
a1__MDTA
2__NYC
4__Project Transition
b1__Operation Mainstream
2__Special Impact
4__Work Incentive
c1__Job Corps I
2__Job Corps II
4__Job Corps III
d1__New Careers
2__Other

30a. PRIMARY OCCUPATION TITLE *(if any)* | **30b. DOT** *(9-digit)* | **31a. OCCUPATION TITLE OF LAST FULL-TIME CIVILIAN JOB** | **31b. DOT** *(6-digit)*

32. YEARS OF GAINFUL EMPLOYMENT
1__Under 1 year
2__1-2 years
3__3-9 years
4__10 years and over

33. ESTIMATED AVERAGE HOURLY EARNINGS ON LAST FULL-TIME CIVILIAN JOB
$__________

34. INCOME
a. Applicant's estimated earnings last 12 months $__________
b. Estimated family income last 12 months $__________
c. Number in family __________
d. Family below poverty level 1__Yes 2__No

35. LABOR FORCE STATUS AT TIME INTERVIEWED *(Check only one)*
11__Employed (not underemployed)
12__Underemployed
13__Unemployed
14__Family farm worker
21__Not in labor force - in school
22__Not in labor force - other

36. WEEKS UNEMPLOYED
____Last 12 Mos. *(all applicants)*
____Current spell *(Unemployed only)*

37. REFERRED BY
01__ES Outreach
02__NYC
03__Job Corps
04__Union
05__Employer
06__Self
07__Welfare
08__Other community group
11__Coop School Graduate
12__Coop School Dropout
21__Sel. Service Rehab. (Recruiting Station)
22__Sel. Service Rehab. (AFEES)
23__Sel. Service Rehab. (Local Board)
31__Other

38. DISADVANTAGED 1__Yes 2__No

39. REFERRAL TO TRAINING OR EMPLOYMENT

a. Accepted referral to training or job	b. Enrolled in training	c. Placed in job
1__Yes	1__Yes	1__Yes
2__No	2__No	2__No

40. ELIGIBILITY FOR TRAINING ALLOWANCE
9__Not eligible
Eligible for:
1__Regular
2__Augmented
3__Youth
4__Special NYC
5__Incentive
6__Part-time

41. CHECK APPROPRIATE ITEM(s) IF ELIGIBLE FOR OTHER ALLOW.
1__Subsistence
2__Transportation
3__Other

42. BARRIERS TO EMPLOYMENT 9__None
a1__Age - too young
2__Age - too old
4__Lacks education, training skill, experience, or has obsolete skill
b1__Health problem
2__Personal problem
4__Transportation problem
c1__Child care problem
2__Care of other family member
4__Conviction record
d1__Garnishment
2__Other

43. DATE OF INTERVIEW *(Month, day, & year)*

SPECIAL WORK ELIGIBILITY, ORIENTATION, ENROLLMENT AND DEPARTURE

0403 Eligibility Determination -- continued

B. MA-101 Supplemental Form: Part C

MA-101 SUPPLEMENTAL FORM: PART C*

1. Number of jobs applicant has held in past 12 months period__________.
   Of these jobs, how many were left voluntarily__________.

2. Highest hourly wage earned on any job prior to SWP_______________.

3. Hours worked per week on last job__________.

4. Household members other than applicant contributing to family income during the past 12 months. List each member contributing. (By family relationship, not name; that is, "wife," "husband," "son," etc.)

_______________	_______________
_______________	_______________
_______________	_______________

5. What are the actual number of years of gainful employment applicant has had_______________.

6. Of these years, how many were for 6 months or less_______________.

7. Question applicant: "With your qualifications, what do you feel would be a fair hourly wage for an employer to pay you_______________.

---

*This MA-101 Supplemental Form: Part C is to be filled out for all Special Work enrollees whether they be W.I.N. or Non-W.I.N. It need not be completed for persons who are not enrolled in Special Work.

SPECIAL WORK ELIGIBILITY,
ORIENTATION,
ENROLLMENT AND DEPARTURE

0403 Eligibility Determination -- continued

C. Instructions for Completing the MA-101 Supplemental Form: Part C. The MA-101 Supplemental Form: Part C is filled out in the following manner:

1. Enter the total number of jobs the applicant has held in the past 12 months, and the number of these jobs which the applicant left voluntarily.

2. Enter the highest hourly wage the applicant ever received. This does not have to be within the past 12 months.

3. Enter the number of hours the applicant worked per week on his most recent job.

4. Enter each household member (except applicant) contributing to family income during the past 12 months.

5. Enter the total number of years the applicant has been gainfully employed. If he was employed for only part of a year, it should be considered a year.

6. Of the total number of years in Item 5, enter the number of years in which employment was six months or less.

7. Enter the applicant's conception of a fair hourly wage for himself.

From the information obtained by these two forms, it can be determined whether or not the applicant meets the Special Work eligibility criteria. A "SWP eligible" person must be a member of a low-income family with children. The maximum allowable income of a family who can be classified as low-income is:

FAMILY SIZE	MAXIMUM ALLOWABLE INCOME
2	3,120
3	3,720
4	4,320
5	4,920
6	5,370
7	5,820
8	6,120

SPECIAL WORK ELIGIBILITY,
ORIENTATION,
ENROLLMENT AND DEPARTURE

0403 Eligibility Determination -- continued

For the purpose of this very basic eligibility determination, "income" may be considered as income from any and all sources except welfare payments of any type.

Applicants considered for Special Work Project should also have one of several characteristics. They should either have had no recent work experience (although they may have rusty work skills that need brushing up) or if they were previously employed, unable to retain employment because of poor work attitudes and habits. An applicant may also be affected by current seasonal unemployment or temporary unemployment due to the general economic downturn or in holding status, awaiting MDTA or WIN skill training slots currently occupied to be considered for Special Work Project.

It is necessary to make one original and one copy of both the MA-101 and MA-101 Supplemental C forms. The originals are sent to the Central Office upon a client's entry into a job training slot, and are used by the Central Office clerk in data accumulation. They are then filed in the client's individual file folder. The copies are retained in the local office's Counselor's file.

0405 Special Work Orientation. Each trainee should receive individual orientation to the subject of Special Work. There should be at least one discussion with the client dealing specifically with the project in which the trainee is to be placed. The program orientation focuses on the purpose of the program, how it operates, responsibilities of the enrollee and employer, benefits and services provided for the enrollee, and expected program outcome.

Since each case is unique, the orienter (usually a Coach or a Counselor) must be flexible in deciding when, where and how the orientation should take place. In many instances, there is need for more than one orientation session. At times, it is advantageous to continue individual orientation on-site with a trainee in order that a detailed discussion of his particular job slot can be held. In all cases, the orienter should be constantly aware of the

SPECIAL WORK ELIGIBILITY, ORIENTATION, ENROLLMENT AND DEPARTURE

0405 Special Work Orientation -- continued

client's needs, and those needs should determine the course of orientation.

Before a trainee actually reports to his Special Work job, he should be verbally provided with the following minimum amount of basic information:

A. What is Special Work?

B. Why is the trainee being directed to the Special Work job?

C. How long will the Special Work job last?

D. Is there the possibility that the Special Work job might be permanent?

E. If the Special Work job is not to be permanent, what will be the possibility of employment after the completion of training?

F. Who is the Special Work trainee responsible to -- the E&D unit or the employer?

G. What will the trainee's relationship with the local E&D unit be?

H. When and how much will the trainee be paid?

I. Will Special Work training lead to a salary increase upon completion of training?

J. Are there any fringe benefits?

K. Can the employer fire the Special Work trainee?

L. What should the trainee do if problems develop in the course of his Special Work job?

M. Who should the trainee turn to if non-work problems arise?

SPECIAL WORK ELIGIBILITY, ORIENTATION, ENROLLMENT AND DEPARTURE

0405 Special Work Orientation -- continued

N. How will the trainee arrange for child care, if such is necessary?

O. What can be done if the Special Work trainee lacks an article of clothing or piece of equipment essential to his Special Work job?

P. What can be done for the trainee who does not have his own transportation?

Q. Can the Trainee expect any supportive counseling from E&D during the course of his Special Work employment?

R. Are there any other support services from which the trainee can benefit?

It must neither be assumed that the trainee understands this information without being told, nor that someone else has provided such information. One person, either the Counselor or the Coach, should be assigned to review this basic information with each individual Special Work client.

0407 Trainee Status Form. The Trainee Status Form is designed to record the entry into or departure from a Special Work training slot. Therefore, if a client has enrolled in four Special Work training experiences, there would be a total of eight Trainee Status Forms completed on him. It is necessary to have one original and three copies of each Trainee Status Form. In the Trainee Status Form, "termination" means leaving the job training experience at any point, either before or on the scheduled training completion date. For purposes of data accumulation, (see Part VII) "terminating" is defined as leaving the job training experience before the scheduled training completion date, and "completing" is defined as leaving the job training experience on the scheduled training completion date.

Following is the form, the information it supplies (which is filled in by a Manpower Specialist) and its distribution procedure:

A. Trainee Status Form.

TRAINEE STATUS

E & D PROJECT

Name of Trainee	Social Security No.
Address	

Trainee will ☐ Begin, ☐ Terminate, training as ....
Occupational Title

in the: ☐ Special Work Contract No. ....

☐ Upgrading Contract No. ....

☐ Enrichment Training ....
Nature

at ....
Name of Organization

located at .... on ....
Address Date

Hourly Pay Rate $ .... Estimated Monthly Earnings $ ....

FOR TERMINATIONS, COMPLETE BELOW

As of .... this trainee should be classified as terminated because:
Date

☐ 1. Placed in Employment

- ☐ With Special Works Employer
- ☐ In Other Employment
- ☐ Upgraded:

Job Title ....

DOT Code ....

Hours per week ....

Hourly Wage ....

Employer ....

☐ 2. Discharged by Employer

☐ 3. Refused to Continue

☐ 4. Health Reasons

☐ 5. Pregnancy

☐ 6. Transportation Problem

☐ 7. Cannot Locate

☐ 8. Full-Time Schooling

☐ 9. Found Own Employment

☐ 10. Institutionalized

☐ 11. Returned to Welfare

☐ 12. Deceased

☐ 13. Moved From Area

☐ 14. Returned to WIN

☐ 15. Transferred to Other Program

☐ 16. Other (specify) ....

....

....

Distribution: 1 copy to Employer
3 copies to Central Office E & D Unit
1 copy to E & D Local Office

VT. DES

ES-800 8M 7-73

SPECIAL WORK ELIGIBILITY, ORIENTATION, ENROLLMENT AND DEPARTURE

0407 Trainee Status Form -- continued

B. Information Supplied by the Trainee Status Form.

1. Who is being, or has been, trained: name of trainee, his address, Social Security Number and Occupational Title.

2. Whether the trainee is beginning or terminating training.

3. The employing organization's name, address and Special Work subcontract number.

4. Date when training begins or ends.

5. Client's pay rate during training.

6. If the trainee is terminating, the reason for terminating.

C. Distribution Procedure of the Trainee Status Form.

1. The original and one copy are sent to the Central Office. The Central Office sends the original to Fiscal Section for payroll encumbrance and uses the copy to provide information for the data matrices. The copy is then filed in the client's individual file folder.

2. One copy is sent to the employer.

3. One copy is kept in the file in the local office.

SPECIAL WORK
TRAINING RELATED EXPENSES
AND
ENRICHMENT TRAINING

SPECIAL WORK
TRAINING RELATED EXPENSES
AND
ENRICHMENT TRAINING

0500 Introduction. In Special Work Project, there are two types of funds which can be used by the E&D field staff to purchase articles and services for clients when no other resource is available. These two funds provide Training Related Expenses and Enrichment Training.

"Training Related Expenses" are defined as "Expenses incurred in providing necessary goods or services required if a trainee is to be able to participate in Special Work training when such required goods or services cannot be obtained through normal means such as provisions by Social Welfare, Vocational Rehabilitation, Employment Service or other established means, including volunteer provisions of such goods or services".

"Enrichment Training" in the context of E&D Special Work involves two approaches to dealing with trainee deficiencies in basic education skills and job related skills. The former places emphasis on remedial instruction in the "3R's" which will assist trainees to speak, read and write with sufficient ability in these areas to function competently in the performance of their employment duties. The latter stresses training which develops employment skills; its goal should be to provide increased competence in the specific skills involved in performing training jobs so as to increase chances that trainees will be permanently retained in such jobs. Enrichment Training funds should be utilized only when the required training cannot be obtained locally through other funding resources.

0503 Obtainment of Training Related Funds and Billing Procedure. The Central Office will give careful consideration to every request for approval of Training Related Expense (TRE) no matter how out of the ordinary the requested expenditure might be. The purchases of automobiles, furniture or office equipment will not be permitted, although rental of such items will be considered. If items or services such as dental correction, hearing aids or eyeglasses cannot be obtained through existing channels from cooperating agencies and organizations, they will be considered.

Training Related Expenses are limited to $500.00 per slot.

SPECIAL WORK
TRAINING RELATED EXPENSES
AND
ENRICHMENT TRAINING

0503 Obtainment of Training Related Funds and Billing Procedure -- continued

Any transaction concerning Training Related Expenses must be handled by the local unit staff. No trainee is permitted to secure estimates, contract for goods or services or purchase goods or services. If a trainee should take any of the preceding steps, he will bear the full and sole responsibility for such obligations. It is of utmost importance that local unit staff members convey this information to all E&D trainees.

The Employment Service local office Manager is the person to recommend that the expenditure of Training Related Funds is essential in order for a trainee to enter into or continue Special Work training. When one Request for Approval of Training Related Expenses Form (TRE form) is used to cover expenses for more than one trainee, the Central Office must be provided with a breakdown which shows the cost per item and the precise dollar amount to be spent for each trainee. When completing the form, the statement in the Justification of Need for Purchase section should always be precise and should include any detail which clearly shows the trainee's need for this support from E&D Training Related Funds. Subsequent to the following TRE form are two basic procedures which cover Training Related Expenses.

A. Request for Approval of Training Related Expenses Form.

TRE-E&D

REQUEST FOR APPROVAL OF TRAINING RELATED EXPENSES

FROM: Local Office Unit, ______________________ Date ____________
Location

TO: Central Office, Montpelier

E.S. LOCAL OFFICE MANAGER: Check and sign your name after the appropriate statement below.

The following items and/or services costing less than $19.99 have been purchased as essential training related needs for the trainee(s) listed below. An itemized bill for each trainee is attached hereto. ____________
Manager's Signature

The following items and/or services costing more that $19.99 are recommended as essential training related needs for the trainee(s) listed below. I shall await Central Office approval before purchasing them. ____________
Manager's Signature

Because of a very urgent need, the following items and/or services costing less than $19.99 have been purchased and paid for as essential training related needs by ______________, ______________,
Name Title
who will claim reimbursement on Form DA-F-6A "Expense Account" submittal. Form TRE-E&D is submitted to record this transaction for statistical purposes.

____
Manager's Signature

TRAINEE'S NAME	DESCRIPTION AND QUANTITY OF ITEM(S)	COST PER ITEM(S)	TOTAL COST

SUBCONTRACTOR ____________ SUBCONTRACT NUMBER ____________ $ ______ GRAND TOTAL

JUSTIFICATION OF NEED FOR PURCHASE(S): ______________________

ATTACHMENTS: (Bills, Estimates; must bear Local Office Manager's signature to show his approval.) ______________________

Distribution: (a) Original and two copies of this form to the D.E.S. Central Office, "attention E&D"
(b) One copy for Local Office File.

THE STATEMENT BELOW IS TO BE COMPLETED BY CENTRAL OFFICE ONLY

The above request for expenditure of training related funds in the amount of ______ is approved/disapproved. ______ If approved, please make purchase described
Cross out inappropriate word
above and return this form with the bill as described in the distribution above.

Date ____________ Signed, Director, Employment Service ____________

SPECIAL WORK
TRAINING RELATED EXPENSES
AND
ENRICHMENT TRAINING

0503 Obtainment of Training Related Funds and Billing Procedure-- continued

B. For Purchase of Goods or Services Valued at $19.99 or less. The local office Manager, Manpower Specialist, Counselor or Coach should telephone or personally contact a local retailer requesting that the retailer provide the good or service to the trainee and that the amount of the purchase be charged to the Department of Employment Security, State of Vermont. The bill should be sent to the local office. The E.S. local office Manager should add the following information to the bill:

1. Subcontractor's name
2. Subcontractor's number
3. Trainee's name
4. A notation by the local office manager in the following format:

"I approve this bill for payment; described merchandise has been received."

____
E.S. Manager

____
Date

The E.S. local office Manager must submit the bill along with one original and three copies of the TRE form to the Director of Employment Service (not to the Fiscal Section). It is important that all bills go through the local office. Retailers may not submit bills directly to the Central Office.

If a trainee's need is very urgent and the item or service costing less than $20.00 cannot be charged, the E.S. local office Manager, Manpower Specialist, Counselor or Coach may pay directly for the expenditure with

SPECIAL WORK
TRAINING RELATED EXPENSES
AND
ENRICHMENT TRAINING

0503 Obtainment of Training Related Funds and Billing Procedure -- continued

his own money. He should collect a receipt, record the trainee's name and subcontractor's name and number, and obtain the local E.S. office Manager's signature of approval. He should then submit the receipt as an additional expense on the regular Department of Employment Security Expense Account form, attaching the original and three copies of the TRE form which should be approved and signed by the local office Manager.

C. For Purchase of Goods or Services Costing More Than $19.99. For goods or services which are to cost in excess of $19.99, the Employment Service local office manager must submit the TRE form (plus three copies) requesting the approval of the Employment Service Director for the proposed expenditure. Until the local office manager receives approval from the Central Office, no goods or services may be contracted for or purchased.

When the contemplated expenditure involves automobile repairs costing more than $19.99, a minimum of two itemized estimates covering cost of parts and labor must be attached to the TRE form and presented to the Central Office for approval. The hourly charge for labor must be broken down. Such estimates must be from reputable concerns and must be submitted on the repair facility's letterhead or billhead. Any amount in excess of ten percent of the original estimate will not be reimbursed. Estimates should be clearly marked "ESTIMATE" to distinguish them from bills. Only the originals of the estimates must be submitted with the original plus three copies of the actual TRE Form. Additionally, the local office should make an extra copy of all documents for its own file.

Upon being approved and signed by the Director of Employment Service, a copy of the TRE form will be returned to the Manager of the originating local office. The manager may then purchase, or delegate a staff member to purchase, the training related item or service requested. As previously stated, trainees are not

SPECIAL WORK
TRAINING RELATED EXPENSES
AND
ENRICHMENT TRAINING

0503 Obtainment of Training Related Funds and Billing Procedure -- continued

allowed to made the purchase. As soon as the purchase has been made, the local office manager must resubmit the copy of the approved TRE form to the Central Office with the accompanying bill endorsed as described below:

1. Subcontractor's name
2. Subcontractor's number
3. Trainee's name
4. A notation by the local office manager in the following format:

   "I approve this bill for payment; described merchandise has been received."

   ____
   E.S. Manager

   ____
   Date

There is one exception to the two basic procedures described above. If the Training Related Expense request is for the purchase of automobile tires or batteries, they must be purchased from vendors with whom the State of Vermont has negotiated blanket contracts. In such cases, the TRE request should be submitted with delivery instructions to the E&D Central Office where the actual placement of the order will be effected.

0505 Obtainment of Enrichment Training and Billing Procedure. When an E.S. local office Manager desires to request expenditure of Enrichment Training funds on behalf of a Special Work enrollee, he should use the "ENRICH - E&D" -- Request for Approval of Enrichment Training Form. The information it details follows the form below.

A. ENRICH - E&D -- Request for Approval of Enrichment Training Form.

ENRICH-EAD (May 9, 1972)

REQUEST FOR APPROVAL OF ENRICHMENT TRAINING

FROM: Local Office Unit: ____________________ DATE: __________

TO: E.S. Director

The Enrichment Training proposed below has a direct relationship to the Employability Plan drawn up for the EAD Special Work trainee. The following narrative is submitted as substantiation of the proposed Enrichment Training as an essential part of the trainee's Employability Plan: (Please specify type of training requested and the reason for the training)

Manager's Signature: ____________________

NAME OF TRAINEE: ____________________

NAME OF SUBCONTRACTOR AND SUBCONTRACT NUMBER: ____________________

NAME OF INDIVIDUAL REPRESENTING TRAINING FACILITY: ____________________

BEGINNING DATE: __________ ENDING DATE: __________

HRS. PER WEEK: __________ TOTAL NO. OF HOURS: __________

COST OF TRAINING:

-Cost of Course	________
-Registration Fee	________
-Textbooks	________
-Other	________
TOTAL COST	$________

THE STATEMENT BELOW IS TO BE COMPLETED BY CENTRAL OFFICE ONLY:

The above request for the expenditure of Enrichment Training funds in the amount of $______ is approved/disapproved.

DATE: ______ SIGNED: ____________________

Director, Employment Service

- original & 2 copies to central office
- 1 copy for local office file

SPECIAL WORK
TRAINING RELATED EXPENSES
AND
ENRICHMENT TRAINING

0505 Obtainment of Enrichment Training and Billing Procedure -- continued

B. Detailed Information of the ENRICH - E&D Form.

1. Type of training requested;
2. Reason for the training;
3. Name of the trainee to receive such training;
4. Estimated cost of training;
5. Facility where such training can be obtained (or request Central Office assistance in locating a training facility);
6. Starting and termination dates;
7. Subcontract number under which the trainee is enrolled in Special Work.

He should send one original and two copies to the Central Office and keep one copy for the local office files. Upon receipt of the ENRICH - E&D Form, the E.S. Director will approve or disapprove the request. A copy of the form stating approval or disapproval will be returned to the originating local office.

The complete billing procedure to pay for Enrichment Training consists of an exchange of letters between the local office Manager and a representative of the facility or organization that will provide the training.

Once the request of the local office Manager for expenditure of Enrichment Training funds has been approved by the E.S. Director, he transmits the following letter to the training facility.

SPECIAL WORK
TRAINING RELATED EXPENSES
AND
ENRICHMENT TRAINING

0505 Obtainment of Enrichment Training and Billing Procedure -- continued

C. Sample Letter to the Training Facility

September 10, 1971

Mr. Joe Doaks
Registrar Evening Programs
XYZ Technical School
Barre, Vermont 05641

Dear Mr. Doaks:

This is to confirm our previous telephone conversation regarding enrollment of two of our Special Work trainees, John Jones (Subcontract #SW16-067) and James Smith (Subcontract #SW16-051) in Elementary Drafting 007 for the fall term, 1971. I understand that the cost for the course will be as follows: books - $10.00; tuition - $25.00; fees - $15.00; for a total cost of $50.00 per trainee or for both trainees, $100.00.

In your letter of acceptance of our two trainees, please state full particulars concerning the duration of training, weekly schedule of classes, total costs of training for each trainee, including tuition, fees, books, and equipment, and a description of the training to be provided. Additionally, payment by the State of Vermont will be expedited by prompt submission of billing (in duplicate) to this office.

Sincerely yours,

_______ , Manager
Morrisville E&D
Unit

The above letter should request provision of specific training to specific trainees and ask that the training facility respond to him by the letter below, providing the subsequent information.

SPECIAL WORK
TRAINING RELATED EXPENSES
AND
ENRICHMENT TRAINING

0505 Obtainment of Enrichment Training and Billing Procedure -- continued

D. Sample Letter to the Employment Security Local Office Manager.

September 30, 1971

Mr. ________________
Manager, E&D Unit
P.O. Box 426
Morrisville, Vermont 05661

Dear Mr.____________:

Thank you for your letter of September 10, 1971 regarding enrollment of your Special Work trainees, John Jones (Subcontract #SW16-067) and James Smith (Subcontract #SW16-051), in our evening program.

Elementary Drafting 007 begins September 13, 1971 and ends January 19, 1972. This course meets twice weekly, on Monday and Wednesday, 7 p.m. to 8:30 p.m. The costs per person are as follows:

Tuition	$25.00
Registration fee	10.00
Required Text and Workbook	10.00
Refundable deposit on Equipment	5.00
Total	$50.00

Thus, the total costs for two students would be $100.00.

The Elementary Drafting course covers the essentials of this subject for beginners. Page 8 of the enclosed bulletin details the course description.

Sincerely yours,

Joe Doaks, Registrar
XYZ Technical School

SPECIAL WORK
TRAINING RELATED EXPENSES
AND
ENRICHMENT TRAINING

0505 Obtainment of Enrichment Training and Billing Procedure -- continued

E. Information Provided in the Above Letter.

1. Starting date, starting time, weekly training schedule, and duration of the requested training.

2. Total cost of such training, including tuition, fees, books, and other required costs.

3. A description of the content of the training to be provided.

4. The name(s) of the trainee(s) to be enrolled.

5. The subcontract number(s) under which the trainee(s) are enrolled in Special Work.

As soon as the E.S. local office Manager receives this letter from the training facility, and if the cost of training does not exceed by more than ten percent the estimated cost of the training stated in the initial memo to the E.S. Director requesting approval of contemplated Enrichment Training, the local office manager may make arrangements for the enrollment of the trainee.

In order for the training facility to receive payment for the training provided, the E.S. local office should forward to the Central Office, "Attention E&D", copies of the above two letters and the billing in duplicate from the training facility or organization.

For both general recording purposes and fiscal processing, three copies of the local office Manager's letter to the training institution must be submitted to the E&D Central Office. The letter of response from the training institution must be submitted in original to the E&D Central Office.

All Enrichment Training agreements which entail more than three (3) days of Enrichment Training will have to be made by a contractual procedure if the intended

SPECIAL WORK
TRAINING RELATED EXPENSES
AND
ENRICHMENT TRAINING

0505 Obtainment of Enrichment Training and Billing Procedures -- continued

instructor is a private person not connected to a school or similar training facility. If the E.S. local office Manager intends to submit a request for approval of Enrichment Training lasting more than three days and if he is unable to identify a facility, school or institution which can provide such training, he must contact the E&D Central Office unit before submitting such a proposal. He requests either assistance in identifying a facility, school or institution that might provide such training, or assistance in securing a contract for a qualified individual instructor to provide such instruction on a personal basis.

SWP CLIENT FOLLOW-UP
AND FOLLOW-THROUGH

SWP CLIENT FOLLOW-UP
AND FOLLOW-THROUGH

0600 Introduction. Client Follow-up and Follow-through are procedures used by the E&D employability team to trace Special Work client activity while in training (Follow-up) and at 30, 90, and 180 days after training (Follow-through). Follow-through procedures are carried out regardless of the client's termination status.

In-training Follow-ups and post-training Follow-throughs are conducted periodically on all clients to obtain documented information on the progress of each client. They also provide the Coach and Manpower Specialist with information to determine whether the client is in need of any services for which E&D can give assistance.

0603 In-Training Follow-Up for Special Work Enrollees. Follow-up procedure requires that the E&D Coach or Manpower Specialist visit both the client and the Special Work Project worksite supervisor after the first two weeks of training; thereafter at three months and six months. At each visit the Follow-up information is recorded on the form and a copy sent to the local office. The Central Office enters the information obtained through the In-Training Follow-Up for Special Work Enrollees, Form ES-805 onto a Primary Special Work Data Matrix for the purpose of data accumulation.

A. In-Training Follow-Up for Special Work Enrollees, Form ES-805.

IN-TRAINING FOLLOW-UP FOR SPECIAL WORK ENROLLEES

THIS FORM IS TO BE COMPLETED BY A COACH OR MANPOWER SPECIALIST 2 WEEKS AFTER A SW CLIENT HAS BEGUN TRAINING; THEREAFTER AT 3 MONTHS AND 6 MONTHS. AFTER EACH VISIT, A COPY OF THE IN-TRAINING FOLLOW-UP FORM IS TO BE SENT TO THE E&D CENTRAL UNIT, AND A RECORD IS TO BE KEPT AT THE LOCAL OFFICE OF EACH VISIT.

NAME OF CLIENT: ....

JOB TITLE: ....

DOT CODE: ....

NAME OF SUBCONTRACTOR: ....

SUBCONTRACT NO.: ....

NAME OF SUPERVISOR: ....

NAME OF COACH (OR MANPOWER SPECIALIST): ....

DATE OF VISIT (WRITE IN APPROPRIATE BOX):

END OF 1st 2 WEEKS	END OF 3 MONTHS	END OF 6 MONTHS

I. SUPERVISOR INTERVIEW (DISCUSS WITH THE WORKSITE SUPERVISOR QUESTIONS SUCH AS THE FOLLOWING):

a.) SUPERVISOR'S ASSESSMENT OF CLIENT'S PROGRESS IN TERMS OF PUNCTUALITY ATTENDANCE, RELATIONSHIPS ON THE JOB, MOTIVATION, QUALITY OF WORK, ATTITUDE AND SELF-CONFIDENCE ....

b.) SUPERVISOR'S PERCEPTION OF CLIENT'S PROBLEMS, IF ANY ....

II. CLIENT INTERVIEW (DISCUSS WITH CLIENT THE FOLLOWING):

a.) CLIENT'S SATISFACTION OR DISSATISFACTION WITH JOB AND TRAINING ....

b.) DOES CLIENT HAVE SERVICE NEEDS OR PROBLEMS WITH WHICH E&D CAN ASSIST? WHAT? ....

c. WHAT SUPPORT SERVICES IS CLIENT PRESENTLY RECEIVING? ....

d. WHAT IS THE TYPE AND AMOUNT OF WELFARE BENEFITS CLIENT IS RECEIVING AT THIS TIME? ....

III. E&D COMMENTS

a.) HAVE ANY PLANS BEEN MADE TO RESOLVE CLIENT'S PROBLEMS OR SERVICE NEEDS? WHAT ARE THEY? ....

b.) WHAT IS COACH'S OR MANPOWER SPECIALIST'S ASSESSMENT OF CLIENT'S PROGRESS, HIS JOB SATISFACTION? ....

USE OTHER SIDE FOR FURTHER COMMENTS

Vt. DES

[illegible]
[illegible] 6-73

SWP CLIENT FOLLOW-UP AND FOLLOW-THROUGH

0605 Post-Training Follow-Through for SWP Clients. Follow-through requires that an E&D employability team member contact clients 30, 90,and 180 days after leaving Special Work program, to assess each client's success. After each contact, information is recorded on the Post-Training Follow-Through for SWP Clients, Form ES-807. This form is sent to the E&D Central Office and a copy is retained by the local office. The Central Office enters the information obtained through the ensuing Post-Training Follow-Through for SWP Clients Form onto a Special Work Follow-Through Matrix, again for the purpose of data accumulation.

A. Post-Training Follow-Through for SWP Clients, Form ES-807.

POST-TRAINING FOLLOW-THROUGH FOR SWP CLIENTS

When a SW enrollee leaves the program (either terminates or completes), an E&D STAT form reporting the client's termination is sent to the central E&D unit. If the client was placed in permanent employment, this information is recorded on the STAT form. Thereafter 30, 90 and 180 day follow-through contacts from the date of termination are to be made on **all** project leavers. A copy of the follow-through form for each visit is to be sent to the central E&D unit. It is the responsibility of the local E&D staff to maintain a "tickler" file noting when each contact is to be made.

CHECK BOX: ☐ 30 ☐ 90 ☐ 180 Day Follow-Through

DATE OF CONTACT: ______

NAME OF STAFF MEMBER: ______

NAME OF CLIENT: ______

ADDRESS: ______

______

TELEPHONE NO: ______

DATE TERMINATED FROM SWP: ______

CLIENT ACTIVITY AT THIS TIME:
- ☐ —unemployed, not in labor force
- ☐ —unemployed, looking for work
- ☐ —employed with SWP employer
- ☐ —employed with other employer
- ☐ —in other training
  - —name of training program ______
  - —type of job for which training is being given ______

______

I. CLIENT INFORMATION

A. Amount and type of welfare client is presently receiving: ______

B. Support services client is presently receiving: ______

______

C. If client is presently unemployed, what are reasons: ______

______

D. If client has left previous job, what was reason for leaving: ______

______

E. If client is presently employed:

Name of employer: ______

Date client began job: ______

Client's job title: ______

Employer SIC: ______

Hourly wage rate ______

Client's DOT: ______

Hours worked per week: ______

	YES	NO
Is client satisfied with wages	☐	☐
Is client satisfied with job duties	☐	☐
Is client satisfied with supervisor	☐	☐
Is client satisfied with job location	☐	☐

F. Does client have any problems, or service needs for which E&D can help? What?

______

______

______

Vt. DES

(CONTINUED ON REVERSE SIDE)

ES-807
2.5M 6-72

II. EMPLOYER INFORMATION: If client is employed with his SW employer, contact the employer:

A. Is employer generally satisfied with client: ______________________________

____

B. Does employer perceive any problems with client for which E&D can help?

____

____

____

III. COACH'S OR MANPOWER SPECIALIST'S COMMENTS (are any arrangements being made to give client any support services): ______________________________

____

____

____

____

____

____

____

____

____

Part VII

0700-0799 Procedural Guide #7 9/30/73

COLLECTION AND USE OF SWP DATA

COLLECTION AND USE OF SWP DATA

0700 Introduction. During the third fiscal year, the primary focus of the Vermont E&D Project has been on the documentation and analysis of the three years of the project's operational experience, and on the preparation of a series of special studies and monographs which should assist in the design, implementation and operation of future manpower public service employment programs. In order to make the documentation and analysis possible, the Vermont E&D Project established a system of data collection, processing and storage which would accurately reflect the operational experience of the project and would provide easy data accessibility for both E&D staff members and those consultants outside the Department of Employment Security who have cooperated in the development of the project monographs and reports. This Procedural Guide is an explanation of the collection and utilization of the data involved with this project.

0703 Data Collection. Information about the client is initially collected by local office personnel (Counselors and Coaches) through the medium of a series of forms. The filling out of these forms must be carried out thoroughly and accurately, for incomplete or faulty information will break down the entire data system. Upon completion, the forms are supplied to the Central Office Staff, which is responsible for the maintenance of the data. The forms that are used for data collection are:

A. Application Information Record, Form MA-101. This form is to be filled out for each new enrollee entering his first, and only his first, Special Work training slot.

MANPOWER ADMINISTRATION
Form MA 101 (6-68)

APPLICANT INFORMATION RECORD

BUDGET BUREAU NO 44 R1202 2

1. CONTRACT IDENTIFICATION
a. State of Training
b. State Code | c. Fiscal year approved
d. Contract No. (Prefix) (Prime) (Sub)

2. FUNDING CODE

a	b
A__CEP	A__MDTA
B__Model City	B__EOA
C__CWIP	C__Social Security
__Other (Specify) _________	__Other (Specify) _________

3. PROGRAM IDENTIFICATION
01__MDTA-Institutional
03__MDTA-OJT
05__MDTA-Coupled
07__MDTA-Part-time
11__NYC-In school
13__NYC-Out of school
15__NYC-Summer
21__New Careers
23__Operation Mainstream
25__Orientation
27__Special Impact
__Other (Specify) ________________

4. MDTA INSTITUTIONAL SEC. NO.

5. WIN ONLY 1__ES 2__CAA 3__Other

6. LOCAL ES OFFICE NO.

7a. NAME OF CONTRACTOR

7b. ADDRESS *(Number, Street, City, State, and Zip Code)*

8a. OCCUPATIONAL GOAL *(Name)*

8b. DOT *(9 digit)*

9a. TARGET AREA *(Name)*

9b. CODE

10. START DATE *(Mo. day, yr.)*

11a. NAME OF APPLICANT *(Last, first, middle initial)*

11b. PHONE NO.

11c. SOCIAL SECURITY NO.

12. ADDRESS *(Number, Street, City, State, and Zip Code)*

13. COUNTY OF RESIDENCE a. Name | b. Code

14. CONGRESSIONAL DIST. a. State Code | b. District No.

15. DATE OF BIRTH *(Mo. & yr.)*

16. SEX 1__Male 2__Female

17. HANDICAPPED 1__Yes 2__No

18. MILITARY SERVICE STATUS
1__Veteran
2__Rejectee
3__Other non-vet
Discharge Date *(Month, day, & year)* __________________

19. MARITAL STATUS
1__Never married
2__Married
3__Widow/Widower
4__Divorced/legally separated

20. PRIMARY WAGE EARNER 1__Yes 2__No

21. HEAD OF FAMILY OR HEAD OF HOUSEHOLD 1__Yes 2__No

22. NO. OF DEPENDENTS
0__ 1__ 2__ 3__ 4__ 5__ 6 and over__

23. CHECK ONE
1__White
2__Negro
3__Amer. Indian
4__Oriental
5__Other

24. IF SPANISH SURNAME, CHECK ONE
1__Mexican American
2__Puerto Rican
3__Other

25. U. I. CLAIMANT
1__Yes
2__No
3__Exhaustee

26. PUBLIC ASSIST. RECIPIENT 1__Yes 2__No
If YES, fill out reverse side

27. HIGHEST SCHOOL GRADE COMPLETED

28. PREVIOUS JOB TRAINING
1__Yes *(If YES, complete the information below)*
2__No
a. Job Title
b. DOT (6-digit) | c. Date completed *(Mo. & yr.)*

29. PARTICIPATION IN OTHER FEDERAL PROGRAMS
9__None Participated in *(check all relevant items)*.
a1__MDTA
2__NYC
4__Project Transition
b1__Operation Mainstream
2__Special Impact
4__Work Incentive
c1__Job Corps I
2__Job Corps II
4__Job Corps III
d1__New Careers
2__Other

30a. PRIMARY OCCUPATION TITLE *(if any)*

30b. DOT *(9 digit)*

31a. OCCUPATION TITLE OF LAST FULL-TIME CIVILIAN JOB

31b. DOT *(6 digit)*

32. YEARS OF GAINFUL EMPLOYMENT
1__Under 1 year
2__1-2 years
3__3-9 years
4__10 years and over

33. ESTIMATED AVERAGE HOURLY EARNINGS ON LAST FULL-TIME CIVILIAN JOB
$____________

34. INCOME
a. Applicant's estimated earnings last 12 months $___________
b. Estimated family income last 12 months $___________
c. Number in family ___________
d. Family below poverty level 1__Yes 2__No

35. LABOR FORCE STATUS AT TIME INTERVIEWED *(Check only one)*
11__Employed (not underemployed)
12__Underemployed
13__Unemployed
14__Family farm worker
21__Not in labor force - in school
22__Not in labor force - other

36. WEEKS UNEMPLOYED
____Last 12 Mos. *(all applicants)*
____Current spell *(Unemployed only)*

37. REFERRED BY
01__ES Outreach
02__NYC
03__Job Corps
04__Union
05__Employer
06__Self
07__Welfare
08__Other community group
11__Coop School Graduate
12__Coop School Dropout
21__Sel. Service Rehab. (Recruiting Station)
22__Sel. Service Rehab. (AFEES)
23__Sel. Service Rehab. (Local Board)
31__Other

38. DISADVANTAGED 1__Yes 2__No

39. REFERRAL TO TRAINING OR EMPLOYMENT

a. Accepted referral to training or job	b. Enrolled in training	c. Placed in job
1__Yes	1__Yes	1__Yes
2__No	2__No	2__No

40. ELIGIBILITY FOR TRAINING ALLOWANCE
9__Not eligible
Eligible for:
1__Regular
2__Augmented
3__Youth
4__Special NYC
5__Incentive
6__Part-time

41. CHECK APPROPRIATE ITEM(s) IF ELIGIBLE FOR OTHER ALLOW.
1__Subsistence
2__Transportation
3__Other

42. BARRIERS TO EMPLOYMENT 9__None
a1__Age - too young
2__Age - too old
4__Lacks education, training skill, experience, or has obsolete skill
b1__Health problem
2__Personal problem
4__Transportation problem
c1__Child care problem
2__Care of other family member
4__Conviction record
d1__Garnishment
2__Other

43. DATE OF INTERVIEW *(Month, day, & year)*

Form MA-101 (6-68)

APPLICANT INFORMATION RECORD SUPPLEMENT

PART A - ALL PUBLIC ASSISTANCE RECIPIENTS

1. FINANCIAL AID RECEIVED

1 __ APTD
2 __ AFDC
3 __ OAA
4 __ AABD
5 __ General Assistance
6 __ AFDC and General Assistance
9 __ Other

2. RESIDES IN PUBLIC HOUSING 1 __ Yes 2 __ No

3. PARTICIPATED IN CWT AND /OR TITLE V

1 __ CWT
2 __ Title V
3 __ Both CWT and Title V
4 __ Neither

4. NUMBER OF DEPENDENTS BY AGE AND ARRANGEMENT MADE FOR THEIR CARE

	1. Under 6 yrs.	2. 6-15 yrs.	3. 16-21 yrs.	4. 22-64 yrs.	5. 65 yrs. & over
a. Number of dependents					
b. Number for whom care is needed					

5. FOR YOUTH ONLY —APPLICANT LIVES WITH

1 __ Both parents
2 __ Father
3 __ Mother
4 __ Guardian
5 __ Other

PART B - WIN APPLICANTS ONLY

6. REFERRAL CATEGORY

7. AMOUNT OF WELFARE CASH ASSISTANCE TO FAMILY FOR MONTH PRIOR TO REFERRAL $____________

8. OTHER FAMILY MEMBER ALREADY IN WIN 1 __ Yes 2 __ No

9. SEASONAL AGRICULTURAL WORKER APPROVED FOR AFDC IN LAST 5 YEARS 1 __ Yes 2 __ No

10. LENGTH OF TIME ON AFDC

	Years	Months
a. Total time during last five years		
b. Consecutive time since most recent approval of AFDC		

11. COMMENTS

SIGNATURE OF INTERVIEWER

TITLE

DATE

PART C - SERVICES PROVIDED

1. EMPLOYABILITY PLAN INVOLVES *(Check one or more kinds of assistance needed)*

__ a. Counseling
__ b. Orientation
__ c. Training
__ d. Relocation

Supportive Service:
__ e. Health
__ f. Rehabilitation
__ g. Welfare
__ h. Other

2. FAMILY INCOME GROUP

__ a. Farm __ b. Non-farm

3. PARTICIPANT OF PROJECT 100,000 *(As specified on Form VES-1)*

__ a. Yes __ b. No

4. SERVICES PROVIDED

TYPE OF SERVICE			DATE
a. COUNSELING INTERVIEWS			
b. COUNSELING SESSIONS			
c. GUIDANCE SESSIONS			
d. JOB DEVELOPMENT CONTACT			
e. PLACEMENT IN JOB 3-DAYS OR LESS			
f. PLACEMENT IN REGULAR JOB	DOT CODE *(6 digit)*	SIC *(2 digit)*	
g. APPLICANT-EMPLOYER INTERVIEW			
h. SPECIAL PLACEMENT			
i. REFERRED TO SUPPORTIVE SERVICE	(1) HEALTH		
	(2) REHABILITATION		
	(3) WELFARE		
	(4) OTHER		
j. FOLLOWUP CONTACT			
k. OTHER *(specify)*			

5. TRAINING REFERRALS AND ENROLLMENTS

TYPE OF TRAINING	DATE	
	REFERRED	ENROLLED
a. MDTA - INSTITUTIONAL		
b. NYC		
c. NYC - MDTA CONCURRENT		
d. JOB CORPS		
e. OPERATION MAINSTREAM		
f. NEW CAREERS		
g. SPECIAL IMPACT		
h. RETURN TO SCHOOL		
i. OTHER		

COLLECTION AND USE OF SWP DATA

0703 Data Collection -- continued

B. MA-101 Supplemental Form: Part C. This form is to be filled out for each new enrollee entering his first, and only his first, Special Work training slot.

MA-101 SUPPLEMENTAL FORM: PART C*

1. Number of jobs applicant has held in past 12 months period____________.
   Of these jobs, how many were left voluntarily____________.

2. Highest hourly wage earned on any job prior to SWP____________________.

3. Hours worked per week on last job__________.

4. Household members other than applicant contributing to family income during the past 12 months. List each member contributing. (By family relationship, not name; that is, "wife," "husband," "son," etc.)

   __________________ __________________
   __________________ __________________
   __________________ __________________

5. What are the actual number of years of gainful employment applicant has had____________________.

6. Of these years, how many were for 6 months or less____________________.

7. Question applicant: "With your qualifications, what do you feel would be a fair hourly wage for an employer to pay you________________.

---

*This MA-101 Supplemental Form: Part C is to be filled out for all Special Work enrollees whether they be W.I.N. or Non-W.I.N. It need not be completed for persons who are not enrolled in Special Work.

COLLECTION AND USE OF SWP DATA

0703 Data Collection -- continued

C. Trainee Status Form, ES-800. This form is to be filled out at each client's entry into and departure from a training slot. Therefore, each client who has left the Special Work Project (SWP) has at least two and may have as many as eight Trainee Status Forms, depending upon the number of training slots entered.

TRAINEE STATUS

E & D PROJECT

Name of Trainee	Social Security No.
Address	

Trainee will ☐ Begin, ☐ Terminate, training as ....
Occupational Title

in the: ☐ Special Work Contract No.

☐ Upgrading Contract No.

☐ Enrichment Training ....
Nature

at ....
Name of Organization

located at .... on
Address Date

Hourly Pay Rate $ .... Estimated Monthly Earnings $ ....

FOR TERMINATIONS, COMPLETE BELOW

As of this trainee should be classified as terminated because:
Date

☐ 1. Placed in Employment
  - ☐ With Special Works Employer
  - ☐ In Other Employment
  - ☐ Upgraded:
  - Job Title ....
  - DOT Code ....
  - Hours per week ....
  - Hourly Wage ....
  - Employer ....

☐ 2. Discharged by Employer

☐ 3. Refused to Continue

☐ 4. Health Reasons

☐ 5. Pregnancy

☐ 6. Transportation Problem

☐ 7. Cannot Locate

☐ 8. Full-Time Schooling

☐ 9. Found Own Employment

☐ 10. Institutionalized

☐ 11. Returned to Welfare

☐ 12. Deceased

☐ 13. Moved From Area

☐ 14. Returned to WIN

☐ 15. Transferred to Other Program

☐ 16. Other (specify) ....
....
....

Distribution: 1 copy to Employer
3 copies to Central Office E & D Unit
1 copy to E & D Local Office

VT. DES

ES-900 5M 7-73

COLLECTION AND USE
OF SWP DATA

0703 Data Collection -- continued

D. In-Training Follow-Up for Special Work Enrollees, Form ES-805. This form is to be filled out two weeks after a Special Work client has begun training; thereafter, at three months and at six months (see Part VI, Section 0603).

IN-TRAINING FOLLOW-UP FOR SPECIAL WORK ENROLLEES

THIS FORM IS TO BE COMPLETED BY A COACH OR MANPOWER SPECIALIST 2 WEEKS AFTER A SW CLIENT HAS BEGUN TRAINING; THEREAFTER AT 3 MONTHS AND 6 MONTHS. AFTER EACH VISIT, A COPY OF THE IN-TRAINING FOLLOW-UP FORM IS TO BE SENT TO THE E&D CENTRAL UNIT, AN A RECORD IS TO BE KEPT AT THE LOCAL OFFICE OF EACH VISIT.

NAME OF CLIENT: ....

JOB TITLE: ....

DOT CODE: ....

NAME OF SUBCONTRACTOR: ....

SUBCONTRACT NO.: ....

NAME OF SUPERVISOR: ....

NAME OF COACH (OR MANPOWER SPECIALIST): ....

DATE OF VISIT (WRITE IN APPROPRIATE BOX):

END OF 1st 2 WEEKS	END OF 3 MONTHS	END OF 6 MONTHS

I. SUPERVISOR INTERVIEW (DISCUSS WITH THE WORKSITE SUPERVISOR QUESTIONS SUCH AS THE FOLLOWING):

a.) SUPERVISOR'S ASSESSMENT OF CLIENT'S PROGRESS IN TERMS OF PUNCTUALITY ATTENDANCE. RELATIONSHIPS ON THE JOB, MOTIVATION. QUALITY OF WORK, ATTITUDE AND SELF-CONFIDENCE ....

b.) SUPERVISOR'S PERCEPTION OF CLIENT'S PROBLEMS, IF ANY ....

II. CLIENT INTERVIEW (DISCUSS WITH CLIENT THE FOLLOWING):

a.) CLIENT'S SATISFACTION OR DISSATISFACTION WITH JOB AND TRAINING ....

b.) DOES CLIENT HAVE SERVICE NEEDS OR PROBLEMS WITH WHICH E&D CAN ASSIST? WHAT? ....

c. WHAT SUPPORT SERVICES IS CLIENT PRESENTLY RECEIVING? ....

d. WHAT IS THE TYPE AND AMOUNT OF WELFARE BENEFITS CLIENT IS RECEIVING AT THIS TIME? ....

III. E&D COMMENTS

a.) HAVE ANY PLANS BEEN MADE TO RESOLVE CLIENT'S PROBLEMS OR SERVICE NEEDS? WHAT ARE THEY? ....

b.) WHAT IS COACH'S OR MANPOWER SPECIALIST'S ASSESSMENT OF CLIENT'S PROGRESS, HIS JOB SATISFACTION? ....

USE OTHER SIDE FOR FURTHER COMMENTS

Vt. DES

[illegible]
[illegible] 6-72

COLLECTION AND USE OF SWP DATA

0703 Data Collection -- continued

E. Post-Training Follow-Through for SWP Clients. This form is to be filled out 30, 90 and 180 days after each SWP client has either terminated or completed training (see Part VI, Section 0605).

POST-TRAINING FOLLOW-THROUGH FOR SWP CLIENTS

When a SW enrollee leaves the program (either terminates or completes), an E&D STAT form reporting the client's termination is sent to the central E&D unit. If the client was placed in permanent employment, this information is recorded on the STAT form. Thereafter 30, 90 and 180 day follow-through contacts from the date of termination are to be made on all project leavers. A copy of the follow-through form for each visit is to be sent to the central E&D unit. It is the responsibility of the local E&D staff to maintain a "tickler" file noting when each contact is to be made.

CHECK BOX: ☐ 30 ☐ 90 ☐ 180 Day Follow-Through

DATE OF CONTACT:

NAME OF STAFF MEMBER:

NAME OF CLIENT:

ADDRESS:

TELEPHONE NO:

DATE TERMINATED FROM SWP:

CLIENT ACTIVITY AT THIS TIME:

- ☐ —unemployed, not in labor force
- ☐ —unemployed, looking for work
- ☐ —employed with SWP employer
- ☐ —employed with other employer
- ☐ —in other training
  - —name of training program
  - —type of job for which training is being given

I. CLIENT INFORMATION

A. Amount and type of welfare client is presently receiving:

B. Support services client is presently receiving:

C. If client is presently unemployed, what are reasons:

D. If client has left previous job, what was reason for leaving:

E. If client is presently employed:

Name of employer:

Date client began job:

Client's job title:

Employer SIC:

Hourly wage rate

Client's DOT:

Hours worked per week:

	YES	NO
Is client satisfied with wages	☐	☐
Is client satisfied with job duties	☐	☐
Is client satisfied with supervisor	☐	☐
Is client satisfied with job location	☐	☐

F. Does client have any problems, or service needs for which E&D can help? What?

Vt. DES

(CONTINUED ON REVERSE SIDE)

ES-807
2.5M 6-73

II. **EMPLOYER INFORMATION:** If client is employed with his SW employer, contact the employer:

A. Is employer generally satisfied with client: ……………………………………………

……………………………………………………………………………………

B. Does employer perceive any problems with client for which E&D can help?

……………………………………………………………………………………

……………………………………………………………………………………

……………………………………………………………………………………

III. **COACH'S OR MANPOWER SPECIALIST'S COMMENTS** (are any arrangements being made to give client any support services): ……………………………………………

……………………………………………………………………………………

……………………………………………………………………………………

……………………………………………………………………………………

……………………………………………………………………………………

……………………………………………………………………………………

……………………………………………………………………………………

……………………………………………………………………………………

……………………………………………………………………………………

……………………………………………………………………………………

COLLECTION AND USE
OF SWP DATA

0705 Practical Utilization of Data. The data is set up in such a way that is flexible enough to be used by a variety of people for a variety of purposes. The data is available to staff members, the Department of Labor, consulting firms, outside agencies and indivuduals with related interests. The principal purpose for collecting the data is for documentation and evaluation.

A. The Weekly Summary of E&D Project Status is a report compiled from E&D Trainee Status forms. It is actually a compilation of the Trainee Status file cards as it reflects only trainee activity from the time of entrance into training, through completion or termination. It does not reflect the activity or changes in status of trainees when they are no longer involved with Special Work training.

The Weekly summary contains Upgrading information as well as Special Work information. Upgrading is the other component of the Vermont E&D Manpower Pilot Project. Since it is not under the Special Work Project, Upgrading procedures will not be discussed in this part.

The Weekly Summaries are designed to give E&D staff and other related agencies a periodic feedback of E&D's operational status. Ensuing is a facsimile of the Special Work portion of the Weekly Summary of E&D Project Status Form.

1. Weekly Summary of E&D Project Status Form.

Weekly Summary of E&D Project Status as of ______

TRAINEE SUMMARY - SPECIAL WORKS PUBLIC EMPLOYMENT

Currently in training		☐
Completed training		☐
-Completed-placed in employment	______	
*-Completed-placed in work/training programs	______	
TOTAL PLACEMENTS	☐	
-Completed-placed in Education or Skill training	______	
-Completed-Awaiting Placement	______	
Terminated Training		☐
-Good Cause	______	
-Without Good Cause	______	
Total Special Work Enrollments to Date		☐

TRAINEE SUMMARY - UPGRADING TRAINING

Currently in training		☐
Completed training		☐
-Upgraded	______	
-Not upgraded	______	
Terminated Upgrading training		☐
-Good cause	______	
-W/o good cause	______	
Total Upgrading Enrollments to Date		☐

---

* This is a new summary category developed in response to follow-up studies being conducted which requires those completers placed in employment be distinguished from completers placed in employment having some work/training feature. (Includes WIN-OJT; MDTA-OJT; Public Service Careers; Operation Mainstream; STEP) These completers have previously been reported under "Completed - Placed in Employment". Under Dept. of Labor guidelines the number reported in this category should be added to those immediately above to determine successful completions & placements in employment from Special Work Projects.

Summary of Subcontracts and Training Slots

Office	ACTIVE SPECIAL WORK SUBCONTRACTS			ACTIVE UPGRADING TRAINING SUBCONTRACTS		
	Number of Subcontracts	Number of Slots	Slots Filled	Number of Subcontracts	Number of Opportunities	Opportunities Filled
Middlebury						
St. Albans						
Morrisville						
Burlington						
BURLINGTON DIST.						
Barre-Montpelier						
White River Jct.						
BARRE DISTRICT						
Newport						
St. Johnsbury						
ST. JOHNSBURY DIST.						
Bennington						
Rutland						
RUTLAND DIST.						
Springfield						
Brattleboro						
BRATTLEBORO DIST.						
STATEWIDE TOTAL						

PERCENTAGE SUMMARY OF FORMER SPECIAL WORK PROJECT TRAINEES AS OF - ____________

(Numerical Base ________ Former Trainees to Date)

*Trainees completed and placed in employment ______

Trainees completed and placed in education or skill training ______

Trainees completed and awaiting placement ______

Total former trainees completed Special Work Training ______

Trainees terminated before completion with good cause ______

Trainees terminated before completion without good cause ______

Total former trainees terminated before completion ______

The "Weekly Summary of E&D Project Status" is a report compiled from "E&D-STAT" forms. As such it reflects only trainee activity from the time of entrance into training, through completion or termination. It does not reflect the activity or changes in status of trainees when they are no longer involved with Special Work training.

In other words, the assignment of a former trainee in one of the six major project termination/classification categories is made at the time of project leaving, and the trainee is not subsequently reassigned unless he or she reenters the program, in which case the totals for "currently in training" is increased.

A summary of follow-through status is attached to this report on a bi-weekly basis and is represented in TABLES 1-3 of this part. This follow-through summary reflects the employment status of each former trainee at 30, 90 and 180 days after leaving Special Work training.

*Includes category of "Completed-Placed in Work/Training programs".

TABLE 1

E&D Final Termination Status as of ______

Termination Status	SWP#1	SWP#2	SWP#3	SWP#4	Totals
Completed, Placed					
Completed, Not Placed					
Additional Training					
Terminated, Good Cause					
Terminated, W/O Good Cause					
TOTALS					

Currently in SWP Training

TABLE 2

Follow-Through Activities as of ______

30 Days

Termination Status	I	II	III	IV	V	VI	TOTAL
Completed placed							
Additional Training							
Awaiting Placement							
Terminated Good Cause							
Terminated W/O Good Cause							
TOTAL							

90 Days

Termination Status	I	II	III	IV	V	VI	TOTAL
Completed Placed							
Additional Training							
Awaiting Placement							
Terminated Good Cause							
Terminated W/O Good Cause							
TOTAL							

180 Days

Termination Status	I	II	III	IV	V	VI	TOTAL
Completed Placed							
Additional Training							
Awaiting Placement							
Terminated Good Cause							
Terminated W/O Good Cause							
TOTAL							

I - Not Employed, Unemployed
II - Employed W/Initial Employer
III - Employed W/Other Than Initial Employer
IV - In a Training Program
V - Not Employed, Not in Labor Force
VI - Employed, Unknown if Initial Employer

I:

TABLE 3

Client Follow-Through Reports on Special Work Project Leavers for:

Completed, Placed Clients	Available Information	Number Employed W/Initial Employer	Number Employed W/Other Employer	Total Number Employed	Number Not In Labor Force Or In Training	Number Unemploye
At Termination						
At 30 Days						
At 90 Days						
At 180 Days						

Terminated Clients	Available Information	Number Employed	Number Not In Labor Force Or In Training	Number Unemployed
At Termination				
At 30 Days				
At 90 Days				
At 180 Days				

Note: Percentages are based on available information at 30, 90, and 180 day follow-throughs.